

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Hospital Association PAC

ADDRESS (number and street) 325 Seventh Street, NW Suite 700 Washington DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00106146 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S) Election on 11 04 2008 in the State of DC

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 04 17 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		1507360.96
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	1365691.47									
(c) Total Receipts (from Line 19)	317057.41	1500434.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1682748.88	3007795.21								
7. Total Disbursements (from Line 31)	671672.96	1996719.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1011075.92	1011075.92								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	184416.41	655497.24
(i) Itemized (use Schedule A)	53264.43	313258.52
(ii) Unitemized	237680.84	968755.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	975.00
(c) Other Political Committees (such as PACs)	237680.84	969730.76
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	78900.00	497960.33
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	28000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	476.57	4743.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	317057.41	1500434.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	317057.41	1500434.25

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1175.44	104306.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1175.44	104306.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	118200.00	1248900.00
24. Independent Expenditure (use Schedule E)	551947.52	639947.52
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	350.00	1154.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1560.33
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	350.00	2715.08
29. Other Disbursements.....	0.00	850.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	671672.96	1996719.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	671672.96	1996719.29

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	237680.84	969730.76
34. Total Contribution Refunds (from Line 28(d))	350.00	2715.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	237330.84	967015.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1175.44	104306.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1175.44	104306.69

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Patrick L Muldoon, , CHE

Mailing Address 60 Hospital Road

City State Zip Code
Leominster MA 1453

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Alliance Hospitals Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16048980

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Wayne E Pasanen

Mailing Address 117 Osgood Street

City State Zip Code
North Andover MA 01845-4014

FEC ID number of contributing federal political committee. **C**

Name of Employer Lowell General Hospital Occupation VP Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16048981

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
David J Porell

Mailing Address 32 Douglas Drive

City State Zip Code
Bridgewater MA 02324-3544

FEC ID number of contributing federal political committee. **C**

Name of Employer Cambridge Health Alliance Occupation VP Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16048983

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Mr. Francis M Saba</p> <p>Mailing Address 14 Prospect Street</p> <p>City State Zip Code Milford MA 01757-3090</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Milford Regional Medical Center Occupation President and Chief Executive Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 675.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0</td> <td></td> <td style="text-align: center;">2 0</td> <td></td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p>Transaction ID: 16048984</p> <p>Amount of Each Receipt this Period 325.00</p>	M M	/	D D	/	Y Y Y Y	1 0		2 0		2 0 0 8
M M	/	D D	/	Y Y Y Y							
1 0		2 0		2 0 0 8							

<p>B. Full Name (Last, First, Middle Initial) Mr. William J. Shickolovich</p> <p>Mailing Address 585 Sharpners Pond Road</p> <p>City State Zip Code North Andover MA 01845-3335</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Tufts-New England Medical Center Occupation Chief Information Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 265.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0</td> <td></td> <td style="text-align: center;">2 0</td> <td></td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p>Transaction ID: 16049007</p> <p>Amount of Each Receipt this Period 265.00</p>	M M	/	D D	/	Y Y Y Y	1 0		2 0		2 0 0 8
M M	/	D D	/	Y Y Y Y							
1 0		2 0		2 0 0 8							

<p>C. Full Name (Last, First, Middle Initial) Jeffrey A Weinstein</p> <p>Mailing Address 22 Nathan Lord Road</p> <p>City State Zip Code Amherst MA 0301</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Tufts-New England Medical Center Occupation Sr. Vice President and General Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0</td> <td></td> <td style="text-align: center;">2 0</td> <td></td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p>Transaction ID: 16049014</p> <p>Amount of Each Receipt this Period 280.00</p>	M M	/	D D	/	Y Y Y Y	1 0		2 0		2 0 0 8
M M	/	D D	/	Y Y Y Y							
1 0		2 0		2 0 0 8							

SUBTOTAL of Receipts This Page (optional)	870.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Louis J Woolf	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 81 Highland Avenue	Transaction ID: 16049015
	City State Zip Code Salem MA 01970-2714	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation North Shore Medical Center Executive Vice President and Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Ms. Helen R. Strieder	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 83 Penniman Place	Transaction ID: 16049016
	City State Zip Code Brookline MA 02445-4135	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation New England Baptist Hospital Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

C.	Full Name (Last, First, Middle Initial) Mr. John O Wilhelm, Jr.	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 85 Herrick Street	Transaction ID: 16049027
	City State Zip Code Beverly MA 01915-1777	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Emerson Hospital Executive Vice President & Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Christine C Schuster

Mailing Address 133 Old Rd to Nine Acre Corner

City State Zip Code
Concord MA 01742-9120

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Emerson Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16049028

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert G Norton, , CHE

Mailing Address 81 Highland Avenue

City State Zip Code
Salem MA 01970-2768

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
North Shore Medical Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16049030

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Mr. Edward Kelly

Mailing Address 14 Prospect Street

City State Zip Code
Milford MA 01757-3090

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Milford Regional Medical Center Vice President Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16049032

Amount of Each Receipt this Period 325.00

SUBTOTAL of Receipts This Page (optional) 775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Amy J. Hoey

Mailing Address 295 Varnum Avenue

City State Zip Code
Lowell MA 01854-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lowell General Hospital Vice President Patient Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16049033

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Timothy F. Gens

Mailing Address 5 New England Executive Park

City State Zip Code
Burlington MA 01803-5010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Massachusetts Hospital Association Sr. Vice President, Legal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16049034

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Mr Gordon Boudrow

Mailing Address 1493 Cambridge Street

City State Zip Code
Salem MA 02139-1099

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cambridge Health Alliance Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16049035

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Paul Wesolowski

Mailing Address 30 N. Main Pkwy Apt. 1

City State Zip Code
Leominster MA 01453-2200

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Alliance Hospitals Occupation Corp VP, Amulatory Care Serv.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16049040

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Rick Mohnk

Mailing Address 92 Dunn Rd

City State Zip Code
Ashburnham MA 01430-3041

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Alliance Hospitals Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16049041

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Paul W. Allison

Mailing Address 36 Mitchell Grant

City State Zip Code
Bedford MA 01730-1264

FEC ID number of contributing federal political committee. **C**

Name of Employer Cambridge Health Alliance Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16049042

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Joseph White, III

Mailing Address 10 Lakeside Terrace

City State Zip Code
Westford MA 01886-1392

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lowell General Hospital Executive Vice President & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16049043

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Lester P Schindel

Mailing Address 150 York Street

City State Zip Code
Stoughton MA 02072-1829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New England Sinai Hospital and Rehabil President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16049044

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms Susan Bichel

Mailing Address 701 Grove Road

City State Zip Code
Greenville SC 29605-4211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Greenville Hospital System Vice President Financial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050149

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Joe Blake

Mailing Address 209 Babbs Holw

City State Zip Code
Greenville SC 29607-3747

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenville Hospital System Occupation VP of Legal Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050150

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Douglas Bowling

Mailing Address 2509 Watercrest Lane

City State Zip Code
Johns Island SC 29455-3108

FEC ID number of contributing federal political committee. **C**

Name of Employer Roper Hospital Occupation Vice President of System Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050151

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Hughlyn Burgess

Mailing Address 4011 Brackenberry Drive

City State Zip Code
Anderson SC 29621-3565

FEC ID number of contributing federal political committee. **C**

Name of Employer AnMed Health Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050152

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Allen P Carroll

Mailing Address 2095 Henry Tecklenburg Drive

City Charleston State SC Zip Code 29414-5733

FEC ID number of contributing federal political committee. **C**

Name of Employer Roper Hospital Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 16050153
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Mr Howell Clyborne

Mailing Address 701 Grove Road

City Greenville State SC Zip Code 29605-4211

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenville Hospital System Occupation Vice President Community and Governmen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 16050154
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jay Cox

Mailing Address 129 North Washington Street

City Sumter State SC Zip Code 29150-4983

FEC ID number of contributing federal political committee. **C**

Name of Employer Tuomey Healthcare System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 16050156
 Amount of Each Receipt this Period: 550.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 233

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. J. Wallace Davies, MD

Mailing Address 800 North Fant Street

City State Zip Code
Anderson SC 29621-5793

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AnMed Health Trustee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050157

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Gene Dickerson, M.D.

Mailing Address 129 North Washington Street

City State Zip Code
Sumter SC 29150-4983

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tuomey Healthcare System Vice President of Medical Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050159

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Douglas Dorman

Mailing Address 701 Grove Road

City State Zip Code
Greenville SC 29605-5611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Greenville Hospital System VP Human Resources & Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050160

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. J Larry Dozier, , Jr., FAC

Mailing Address P O Box 620

City Winnsboro State SC Zip Code 29180-0620

FEC ID number of contributing federal political committee. **C**

Name of Employer Palmetto Health Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 16050161
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ms Doran Dunaway

Mailing Address 701 Grove Road

City Greenville State SC Zip Code 29605-4211

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenville Hospital System Occupation Vice President Information and Techno

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 16050162
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. David L. Dunlap, FACHE

Mailing Address 125 Doughty Street Suite 760

City Charleston State SC Zip Code 29403-5736

FEC ID number of contributing federal political committee. **C**

Name of Employer Roper Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 16050163
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Rev Terence K Fleming

Mailing Address PO Box 357

City State Zip Code
Folly Beach SC 29439-0357

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Roper Hospital VP for Mission

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050164

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms Lisa M Goodlett

Mailing Address 3000 St Matthews Road

City State Zip Code
Orangeburg SC 29118-1442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Regional Medical Center of Orangeburg Vice President Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050165

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Doug Harrison

Mailing Address 1574 Fiddlers Marsh Drive

City State Zip Code
Mt Pleasant SC 29464-4286

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Roper Hospital Vice President, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050166

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Lisa Irvin

Mailing Address 159 Harbour Watch Way

City State Zip Code
Mount Pleasant SC 29464-2827

FEC ID number of contributing federal political committee. **C**

Name of Employer Roper Hospital Occupation VP of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050167

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Malcolm W Isley

Mailing Address 109 Anna's Place

City State Zip Code
Simpsonville SC 29681-4813

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenville Hospital System Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050168

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Ellen Jackson

Mailing Address 316 Calhoun Street

City State Zip Code
Charleston SC 29401-1113

FEC ID number of contributing federal political committee. **C**

Name of Employer Roper Hospital Occupation VP, Managed Care & Physician Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050169

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial) Mr Bret Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 8
Mailing Address 316 Calhoun Street		Transaction ID: 16050170
City Charleston	State SC	Zip Code 29401-1113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Mr. Edmond R. Jordan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 8
Mailing Address 201 Graylyn Drive		Transaction ID: 16050171
City Anderson	State SC	Zip Code 29621-1985
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AnMed Health Medical Center	Occupation Director of Urgent Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Mr Fred L Latham		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 8
Mailing Address 1325 Spring Street		Transaction ID: 16050172
City Greenwood	State SC	Zip Code 29646-3860
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Regional Healthcare	Occupation Executive Vice President and Chief Ope	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 233

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. David T Lewis

Mailing Address 809 Bridgetown Pass

City State Zip Code
Mt Pleasant SC 29464-8330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Roper Hospital Vice President/General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050173

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr Bill T Manson

Mailing Address 800 N. Fant St.

City State Zip Code
Anderson SC 29621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AnMed Health Medical Center Executive Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050174

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. John A Miller, , Jr., FAC

Mailing Address 1205 Briarwood Ave.

City State Zip Code
Anderson SC 29621-3931

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AnMed Health Medical Center President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050175

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Jerry A Parrish

Mailing Address 107 Nottingham Court

City Anderson State SC Zip Code 29621

FEC ID number of contributing federal political committee. **C**

Name of Employer AnMed Health Medical Center Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2008

Transaction ID: 16050176

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael C. Riordan

Mailing Address 4 White Crescent Lane

City Simpsonville State SC Zip Code 29681-3614

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenville Hospital System Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 20 / 2008

Transaction ID: 16050177

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Greg Rusnak

Mailing Address 701 Grove Road

City Greenville State SC Zip Code 29605-4211

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenville Memorial Hospital Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2008

Transaction ID: 16050178

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Matthew J Severance	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 316 Calhoun Street	Transaction ID: 16050179
	City State Zip Code Charleston SC 29401-1113	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Roper Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Steven D Shapiro, M.D.	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 316 Calhoun Street	Transaction ID: 16050180
	City State Zip Code Charleston SC 29401-1113	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Roper Hospital Occupation Vice President for Medical Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Michael Taylor	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 316 Calhoun Street	Transaction ID: 16050181
	City State Zip Code Charleston SC 29401-1125	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Roper Hospital Occupation Chief Information Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Charles C. Thornton, Jr., CPA

Mailing Address 705 Westchester Drive

City Anderson State SC Zip Code 29621

FEC ID number of contributing federal political committee. C

Name of Employer AnMed Health Medical Center Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
10 / 20 / 2008

Transaction ID: 16050182

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Jeanne L Ward

Mailing Address 298 Memorial Drive

City Seneca State SC Zip Code 29672-9499

FEC ID number of contributing federal political committee. C

Name of Employer Oconee Memorial Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
10 / 20 / 2008

Transaction ID: 16050184

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Ms. Suzanne White

Mailing Address 701 Grove Road

City Greenville State SC Zip Code 29605-5611

FEC ID number of contributing federal political committee. C

Name of Employer Greenville Hospital System Occupation Vice President, Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
10 / 20 / 2008

Transaction ID: 16050185

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Jerry R. Youkey, MD

Mailing Address 701 Grove Road

City State Zip Code
Greenville SC 29605-5611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Greenville Hospital System VP, Medical/Academic Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050192

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Victor N Lee

Mailing Address P O Box 151

City State Zip Code
Albion NE 68620-0151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Boone County Health Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 16050252

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Ann Varner

Mailing Address 527 Ironwood Drive

City State Zip Code
O Fallon MO 63368-6333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. John's Mercy Health Care Consumer Advocacy/Representation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16052434

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sheri D. Beekman

Mailing Address 2440 Shetland Drive

City State Zip Code
Dardenne Prairie MO 63366-7210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. John's Mercy Health Vice President Patient Financial Svcs.
Care

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 16052442

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Andrea Easton

Mailing Address 258 Evergreen Road
#4

City State Zip Code
Lake Oswego OR 97034-3145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Oregon Association of Hos- Director of Advocacy
pitals & Heal

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 16054818

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Mr. Roy G Vinyard, , FACHE

Mailing Address 2650 Siskiyou Blvd, Suite 200

City State Zip Code
Medford OR 97504-8170

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Asante Health System President and Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 16054819

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David T Underriner

Mailing Address 2690 Surrey Lane

City State Zip Code
West Linn OR 97068-2268

FEC ID number of contributing federal political committee. **C**

Name of Employer Providence Milwaukie Hospital Occupation Interim Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 16054821

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael Coughlin

Mailing Address 860 W 38 Avenue

City State Zip Code
Eugene OR 97405-2302

FEC ID number of contributing federal political committee. **C**

Name of Employer PeaceHealth Occupation Trustee

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 16054824

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. David Holloway, MD.

Mailing Address 3735 Cherokee Drive South

City State Zip Code
Salem OR 97302-9712

FEC ID number of contributing federal political committee. **C**

Name of Employer Salem Hospital Occupation Chief Medical Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 16054828

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Daniel B Smith

Mailing Address 1046 West Sixth Avenue

City Albany State OR Zip Code 97321-1916

FEC ID number of contributing federal political committee. **C**

Name of Employer Samaritan Albany General Hospital
Occupation Vice President Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 21 / 2008
Transaction ID: 16054830
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Terry Smith

Mailing Address 2525 NW 133 Pl.

City Portland State OR Zip Code 97229-4571

FEC ID number of contributing federal political committee. **C**

Name of Employer Providence Portland Medical Center
Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 21 / 2008
Transaction ID: 16054832
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary Lyon

Mailing Address 12 Wildlife Drive

City Wallingford State CT Zip Code 06492-5346

FEC ID number of contributing federal political committee. **C**

Name of Employer Connecticut Hospital Association
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 23 / 2008
Transaction ID: 16058764
 Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Brian Rogoz

Mailing Address 81 Meriden Avenue

City State Zip Code
Southington CT 06489-3297

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bradley Memorial Hospital and Health C Vice President Finance and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 16058765

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Lucille A Janatka

Mailing Address 435 Lewis Avenue

City State Zip Code
Meriden CT 06451-2101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MidState Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 16058766

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Dr. Daniel Rissi, M.D.

Mailing Address 367 Glenwood Ave. Extension

City State Zip Code
Waterford CT 06385-3808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lawrence & Memorial Hospital Vice President & Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 16058767

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Carolyn S. Kobsa

Mailing Address P O Box 5000

City State Zip Code
Bridgeport CT 06610-0120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bridgeport Hospital Senior Vice President Planning and Mar

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 16058768

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr J. Kevin Kinsella

Mailing Address P O Box 5037

City State Zip Code
Hartford CT 06102-5037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hartford Hospital Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 16058774

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. John J. Brady, III

Mailing Address 5 Lynnbrook Road

City State Zip Code
Trumbull CT 06611-3308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Connecticut Hospital Association Vice President, Business Development &

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 16058775

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Jane Deane Clark, PhD

Mailing Address 110 Barnes Road

City Wallingford State CT Zip Code 06492-1802

FEC ID number of contributing federal political committee. **C**

Name of Employer Connecticut Hospital Association Occupation Senior Director, Healthcare Data

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2008

Transaction ID: 16058776

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert J Trefry

Mailing Address P O Box 5000

City Bridgeport State CT Zip Code 06610-0120

FEC ID number of contributing federal political committee. **C**

Name of Employer Bridgeport Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2008

Transaction ID: 16058777

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Laurence A Tanner

Mailing Address P O Box 100

City New Britain State CT Zip Code 06050-0100

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital of Central Connecticut, The Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2008

Transaction ID: 16058778

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Bruce D Cummings

Mailing Address 901 Pequot Avenue

City State Zip Code
New London CT 6320

FEC ID number of contributing federal political committee. **C**

Name of Employer
Lawrence & Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	8

Transaction ID: 16058803

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Joel R. Reich

Mailing Address 71 Haynes Street

City State Zip Code
Manchester CT 06040-4131

FEC ID number of contributing federal political committee. **C**

Name of Employer
Eastern Connecticut Health Network

Occupation
Senior Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	8

Transaction ID: 16058804

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Kurt A Barwis, , CHE, CPA

Mailing Address Brewster Road

City State Zip Code
Bristol CT 06011

FEC ID number of contributing federal political committee. **C**

Name of Employer
Bristol Hospital

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	8

Transaction ID: 16058806

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert Gerard Kiely

Mailing Address 28 Crescent Street

City Middletown State CT Zip Code 06457-3654

FEC ID number of contributing federal political committee. **C**

Name of Employer Middlesex Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 8

Transaction ID: 16058807

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. James D. Iacobellis

Mailing Address 110 Barnes Road

City Wallingford State CT Zip Code 06492-1802

FEC ID number of contributing federal political committee. **C**

Name of Employer Connecticut Hospital Association Occupation Vice President, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 8

Transaction ID: 16058808

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Marna P Borgstrom

Mailing Address 20 York Street

City New Haven State CT Zip Code 06510-3220

FEC ID number of contributing federal political committee. **C**

Name of Employer Yale-New Haven Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 8

Transaction ID: 16058809

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Robert Z. Vovak

Mailing Address 9326 Perglen Road

City State Zip Code
Baltimore MD 21236

FEC ID number of contributing federal political committee. **C**

Name of Employer Maryland Hospital Association
Occupation Sr. Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 16058904

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. James J Xinis

Mailing Address 100 Hospital Road

City State Zip Code
Prince Frederick MD 20678-9675

FEC ID number of contributing federal political committee. **C**

Name of Employer Calvert Memorial Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 16058905

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Peter W Monge

Mailing Address 18101 Prince Philip Drive

City State Zip Code
Olney MD 20832-1512

FEC ID number of contributing federal political committee. **C**

Name of Employer Montgomery General Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 16058906

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Nancy M. Fiedler		Date of Receipt MM / DD / YYYY 10 / 23 / 2008		
	Mailing Address 3619 Stansbury Mill Rd		Transaction ID: 16058907		
	City Phoenix	State MD	Zip Code 21131-1730	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 600.00		
	Name of Employer Maryland Hospital Association		Occupation Sr. VP Communications		

B.	Full Name (Last, First, Middle Initial) John Bernot		Date of Receipt MM / DD / YYYY 10 / 23 / 2008		
	Mailing Address 6404 Sandy Street		Transaction ID: 16058912		
	City Laurel	State MD	Zip Code 20707-2992	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Maryland Hospital Association		Occupation Senior Director of IT		

C.	Full Name (Last, First, Middle Initial) Mr. Robert E. Gibbons		Date of Receipt MM / DD / YYYY 10 / 21 / 2008		
	Mailing Address 101 Arch Street Suite 1741		Transaction ID: 16062855		
	City Boston	State MA	Zip Code 02110-1109	Amount of Each Receipt this Period 550.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 550.00		
	Name of Employer Massachusetts Hospital Association		Occupation Sr. Vice President, Government Advocac		

SUBTOTAL of Receipts This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Delia O'Connor

Mailing Address 25 Highland Avenue

City State Zip Code
Newburyport MA 01950-3867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Anna Jaques Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 16062856

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary L Gottlieb, M.D.

Mailing Address 75 Francis Street

City State Zip Code
Boston MA 02115-6106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brigham and Women's Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 16062857

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Normand E Deschene, FACHE

Mailing Address 295 Varnum Avenue

City State Zip Code
Lowell MA 01854-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lowell General Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 16062858

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1535.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Jennifer D. Jackson

Mailing Address 61 Hickory Lane

City Madison State CT Zip Code 06443-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer Connecticut Hospital Association Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2008
Transaction ID: 16062863
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Joan S. Conboy

Mailing Address 116 Palatine Church Road

City Fort Plain State NY Zip Code 13339-2804

FEC ID number of contributing federal political committee. **C**

Name of Employer Little Falls Hospital Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 22 / 2008
Transaction ID: 16062870
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Timothy H Hanson

Mailing Address 559 Capitol Boulevard, 6-South

City Saint Paul State MN Zip Code 55103-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer HealthEast Care System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2008
Transaction ID: 16067010
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 233

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Randy Ulseth

Mailing Address 301 South Highway 65

City State Zip Code
Mora MN 55051-1899

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kanabec Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16068744

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Patricia Arnold

Mailing Address 433 Greenleaf Street

City State Zip Code
Saint Louis MO 63122-4451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. John's Mercy Medical Center Foundation President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16068832

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. John Fick

Mailing Address PO Box 7567

City State Zip Code
Fredericksburg VA 22404-7567

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medicorp Health System Trustee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16077967

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Robert L Graves

Mailing Address 100 Sentara Circle

City Williamsburg State VA Zip Code 23188-5713

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Williamsburg Regional Medical Occupation Vice President and Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008

Transaction ID: 16078027

Amount of Each Receipt this Period 350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Mark Szalwinski

Mailing Address 104 Watch Harbour Circle

City Smithfield State VA Zip Code 23430-2326

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Healthcare Occupation Director of Pharmacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008

Transaction ID: 16078040

Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Mr. James Spaulding

Mailing Address PO Box 220

City Chase City State VA Zip Code 23924-0220

FEC ID number of contributing federal political committee. **C**

Name of Employer Halifax Regional Health System Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008

Transaction ID: 16078058

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Marie Frederick

Mailing Address 602 Waters Cove Ct.

City State Zip Code
Stafford VA 22554-3985

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medicorp Health System Vice President of Properties

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: 16078088

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael Taylor

Mailing Address 533 Kings Grant Road

City State Zip Code
Virginia Beach VA 23452-7051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sentara Healthcare Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: 16078107

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Melinda Perdue

Mailing Address 2125 Yellow Mountain RD Unit #307

City State Zip Code
Roanoke VA 24014-2428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carilion Roanoke Community Hospital SVP, Regional Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: 16078125

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Kathy Tagnesi

Mailing Address 1840 Amherst Street

City Winchester State VA Zip Code 22601-2808

FEC ID number of contributing federal political committee. **C**

Name of Employer Valley Health System Occupation Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008

Transaction ID: 16078128

Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Mr. William B Downey

Mailing Address 500 J Clyde Morris Boulevard

City Newport News State VA Zip Code 23601-1976

FEC ID number of contributing federal political committee. **C**

Name of Employer Riverside Regional Medical Center Occupation Executive Vice President and Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008

Transaction ID: 16078134

Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Charlotte Ramsey

Mailing Address 6216 Crooked Stick Way

City Radford State VA Zip Code 24141-7025

FEC ID number of contributing federal political committee. **C**

Name of Employer Carilion New River Valley Medical Cent Occupation Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008

Transaction ID: 16078348

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John L Fitzgerald

Mailing Address 3600 Joseph Siewick Drive

City State Zip Code
Fairfax VA 22033-1798

FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Fair Oaks Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 16078497
Amount of Each Receipt this Period: 350.00

B. Full Name (Last, First, Middle Initial)
Ms. Betsey Meadows

Mailing Address 425 Pleasant Point Drive

City State Zip Code
Norfolk VA 23502-5703

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Healthcare Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 16078534
Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Ms. Barbara Kane

Mailing Address 7102 Massaponax Church

City State Zip Code
Spotsylvania VA 22553-2228

FEC ID number of contributing federal political committee. **C**

Name of Employer Medisorp Health System Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 16078535
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael J Halseth

Mailing Address P O Box 3340

City Winchester State VA Zip Code 22604-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer Valley Health System Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008

Transaction ID: 16078536

Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Mr. Bertram Reese

Mailing Address 1513 Quail Point Road

City Virginia Beach State VA Zip Code 23454-3115

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Healthcare Occupation VP & Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008

Transaction ID: 16078538

Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Ms. Rosemary C Check

Mailing Address 4770 Kempsville Greens Parkway

City Virginia Beach State VA Zip Code 23462-6412

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Obici Hospital Occupation Vice President and Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008

Transaction ID: 16078551

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms Walter J Kiwall	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 1001 Sam Perry Boulevard	Transaction ID: 16078552
	City State Zip Code Fredericksburg VA 22401-3354	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mary Washington Hospital Executive Vice President and Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Kevin J Van Renan	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 11502 Clupeper CT	Transaction ID: 16078557
	City State Zip Code Spotsylvania VA 22551-4671	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mary Washington Hospital Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. William H. Flannagan, Jr.	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 3131 Rivanna Court	Transaction ID: 16078558
	City State Zip Code Woodbridge VA 22192-3373	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Potomac Hospital Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Robert Broermann

Mailing Address 6015 Poplar Hall Drive

City Norfolk State VA Zip Code 23502-3819

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Healthcare Occupation Senior Vice President & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008
Transaction ID: 16078571
Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Mr Howard P Kern

Mailing Address 6015 Poplar Hall Drive

City Norfolk State VA Zip Code 23502-3819

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Healthcare Occupation President and Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008
Transaction ID: 16078572
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Ms. Susan MacLeod

Mailing Address 700 Surfside Ave

City Virginia Beach State VA Zip Code 23451-3677

FEC ID number of contributing federal political committee. **C**

Name of Employer Maryview Medical Center Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008
Transaction ID: 16078955
Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 233
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Eileen Dohmann		Date of Receipt	
	Mailing Address 6508 Flowerdew Hundred Ct.		M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 16078960
	Centreville	VA	20120-3755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
Name of Employer Mary Washington Hospital		Occupation Vice President, Nursing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

B.	Full Name (Last, First, Middle Initial) Mr. Stephen Cooley		Date of Receipt	
	Mailing Address 4117 Crossgate Drive		M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 16078962
	Fredericksburg	VA	22408-9538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
Name of Employer Medicorp Health System		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

C.	Full Name (Last, First, Middle Initial) Mr. Michael K Kerner		Date of Receipt	
	Mailing Address 9025 Norwick Rd		M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 16078963
	Richmond	VA	23229-7760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
Name of Employer Bon Secours St. Mary's Hospital		Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 233
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Renee K Rountree		Date of Receipt	
	Mailing Address 245 Chesapeake Avenue		M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 16078967
	Newport News	VA	23607-6038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
Name of Employer Riverside Rehabilitation Institute		Occupation Vice President and Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		350.00		

B.	Full Name (Last, First, Middle Initial) Mr. Samuel Miller		Date of Receipt	
	Mailing Address 2208 Birnam Woods Court		M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 16078969
	Midlothian	VA	23112-4148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
Name of Employer Medicorp Health System		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		350.00		

C.	Full Name (Last, First, Middle Initial) Mr Daniel E Baker		Date of Receipt	
	Mailing Address 800 NE Glen Oak Avenue		M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 16078981
	Peoria	IL	61603-3200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		750.00	
Name of Employer OSF Healthcare System		Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		750.00		

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 233

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City State Zip Code
Quincy IL 62301-6380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Blessing Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16078982

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jonathan R. Bruss

Mailing Address 30 W 061 Kensington Drive

City State Zip Code
Warrenville IL 60555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advocate Good Samaritan Hospital Chief Executive Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16078983

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)
Mr. James Dan

Mailing Address 511 Forest Mews

City State Zip Code
Oak Brook IL 60523-2643

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advocate Health Care Administrator

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16078991

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Bruce M Elegant

Mailing Address 520 South Maple Avenue

City State Zip Code
Oak Park IL 60304-1097

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rush Oak Park Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079000

Amount of Each Receipt this Period
175.00

B.

Full Name (Last, First, Middle Initial)
Mr. Richard B Floyd

Mailing Address 934 Center Street

City State Zip Code
Elgin IL 60120-2198

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sherman Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079013

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Mr. David S. Fox

Mailing Address 3815 Highland Avenue

City State Zip Code
Downers Grove IL 60515-1500

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advocate Good Samaritan Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079016

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional) ► **1775.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. James P. Hill	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 7435 West Talcott Avenue	Transaction ID: 16079067
	City State Zip Code Chicago IL 60631-3717	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Resurrection Medical Center Occupation Senior Vice President Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. James M. Hohner	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 2159 W. Agatite	Transaction ID: 16079068
	City State Zip Code Chicago IL 60625-1705	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Advocate Health Care Occupation Director, Advocate Health Care Foundat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Barbara Johnson	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address One North Franklin	Transaction ID: 16079070
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Director, Executive Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Patricia Keel	Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8
	Mailing Address 333 North Madison	Transaction ID: 16079080
	City State Zip Code Joliet IL 60435-8200	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Provena Health Occupation Regional Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Karen A Lambert	Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8
	Mailing Address 450 West Highway 22	Transaction ID: 16079083
	City State Zip Code Barrington IL 60010-1919	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Advocate Good Shepherd Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Dominic Nakis	Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8
	Mailing Address 2268 River Woods Drive	Transaction ID: 16079105
	City State Zip Code Naperville IL 60565-6351	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Advocate Health Care Occupation Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Scott Powder

Mailing Address 1775 Dempster

City State Zip Code
Park Ridge IL 60068-1143

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Lutheran General Hospital
Occupation SVP, Strategic Planning & Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079108

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr William P Santulli

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Health Care
Occupation Executive Vice President and Chief Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079110

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Mr Bruce Smith

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Health Care
Occupation Senior Vice President Information Syst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079113

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David A Schertz

Mailing Address 5666 East State Street

City State Zip Code
Rockford IL 61108-2472

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OSF Saint Anthony Medical Center Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079114

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. John H Tobin

Mailing Address 64 Robbins Street

City State Zip Code
Waterbury CT 06708-2600

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Waterbury Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 16079208

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Stephen M. Johnson

Mailing Address PO Box 20007

City State Zip Code
Owensboro KY 42304-0007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Owensboro Medical Health System Dir. Government & Community Relations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079222

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 233
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Kathryn Cook	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 85 North Grand Avenue	Transaction ID: 16079224
	City State Zip Code Fort Thomas KY 41075-1793	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. Luke Hospital West Director Administrative and Corporate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Mr. Michael S Eesley	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 385 Millennium Drive	Transaction ID: 16079259
	City State Zip Code Crystal Lake IL 60012-3761	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Centegra Health System President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Aaron T. Shepley	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 385 Millennium Drive	Transaction ID: 16079260
	City State Zip Code Crystal Lake IL 60012-3740	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Centegra Health System Chief Quality Officer/General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Jason Sciarro	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 14255 Castlebar Trail	Transaction ID: 16079261
	City State Zip Code Woodstock IL 60098-8881	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Centegra Memorial Medical Center Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) Ms. Patricia Keel	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 333 North Madison	Transaction ID: 16079262
	City State Zip Code Joliet IL 60435-8200	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Provena Health Regional Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Ms. Susan Nordstrom Lopez	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 836 West Wellington Avenue	Transaction ID: 16079267
	City State Zip Code Chicago IL 60657-5147	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Advocate Illinois Masonic Medical Cent President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Helen Brooks

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rockford Memorial Hospital Occupation: Executive Director, Foundation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 16079276
 Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Mr. William R. Dilts

Mailing Address 11873 Warblers Way

City State Zip Code
Roscoe IL 61073-7541

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rockford Memorial Hospital Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 16079277
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Gordon Langejans

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rockford Memorial Hospital Occupation: VP, Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 16079279
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Daniel Parod

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rockford Memorial Hospital Occupation: VP, Human Resouces

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 16079291
 Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Kevin Ruggles

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rockford Memorial Hospital Occupation: Chief Physician Exec.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 16079293
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Mr. Henry Seybold, Jr.

Mailing Address 501 North Lansdowne Avenue

City State Zip Code
Drexel Hill PA 19026-1114

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rockford Memorial Hospital Occupation: CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 16079300
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr Milton G Schmitt, M.D.

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3692

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Memorial Hospital Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 16079303
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Mr Richard Carlson

Mailing Address 1000 North Allen Street

City State Zip Code
Robinson IL 62454-1167

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 16079304
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Forrest G Hester

Mailing Address Post Office Box 569

City State Zip Code
Lincoln IL 62656-0569

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Abraham Lincoln Memorial Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 16079309
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard S Kowalski

Mailing Address 3333 North Seminary Street

City State Zip Code
Galesburg IL 61401-1299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OSF St. Mary Medical Center Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079310

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. James Leonard

Mailing Address 611 West Park Street

City State Zip Code
Urbana IL 61801-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carle Foundation Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079311

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Mr. James M Moore

Mailing Address 800 NE Glen Oak Avenue

City State Zip Code
Peoria IL 61603-3255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OSF Healthcare System Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079312

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Lee Sacks

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Health Care Occupation Executive Vice President and Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079313

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Darryl L Vandervort

Mailing Address 403 East First Street

City State Zip Code
Dixon IL 61021-3187

FEC ID number of contributing federal political committee. **C**

Name of Employer Katherine Shaw Bethea Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079318

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Mark F. Weber, FACHE

Mailing Address P O Box 340

City State Zip Code
Alton IL 62002-0340

FEC ID number of contributing federal political committee. **C**

Name of Employer Saint Anthony's Health Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16079319

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Frances Margolin

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Operations HRET

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16079383

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Dr. Gary S. Collier

Mailing Address 4160 Tallman Trail

City State Zip Code
Dayton OH 45430-1970

FEC ID number of contributing federal political committee. **C**

Name of Employer Miami Valley Hospital
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16079436

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Hospital Association
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16079980

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **320.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Kimberly A. Keiser

Mailing Address 2237 Bryden Road

City State Zip Code
Bexley OH 43209-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ohio Hospital Association Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16079997

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Thomas S. Urban

Mailing Address 8484 Old Shaw Way

City State Zip Code
West Chester OH 45069-6400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Health Partners Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16079999

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Robert W Shroder

Mailing Address 667 Eastland Avenue SE

City State Zip Code
Warren OH 44484-4503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Joseph Health Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16080006

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Chester B Kaletkowski

Mailing Address 23 Winding Way

City Mullica Hill State NJ Zip Code 08062-2511

FEC ID number of contributing federal political committee. **C**

Name of Employer South Jersey Healthcare Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2008
Transaction ID: 16080063
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City Langhorne State PA Zip Code 19047-2306

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association Occupation Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 31 / 2008
Transaction ID: 16080071
 Amount of Each Receipt this Period 5.00

C. Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City New Hope State PA Zip Code 18938-5760

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.77

Date of Receipt 10 / 31 / 2008
Transaction ID: 16080081
 Amount of Each Receipt this Period 5.00

SUBTOTAL of Receipts This Page (optional) ► 510.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City Pennington State NJ Zip Code 08534-2302

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 10 / 31 / 2008
Transaction ID: 16080082
Amount of Each Receipt this Period: 5.00

B.

Full Name (Last, First, Middle Initial)
Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City Howell State NJ Zip Code 07731-1451

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association Occupation VP Health Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 31 / 2008
Transaction ID: 16080095
Amount of Each Receipt this Period: 5.00

C.

Full Name (Last, First, Middle Initial)
Ms. Valerie Sellers

Mailing Address 82 Millers Grove Road

City Belle Mead State NJ Zip Code 08502-4306

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association Occupation Senior V.P., Health Planning & Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 31 / 2008
Transaction ID: 16080096
Amount of Each Receipt this Period: 5.00

SUBTOTAL of Receipts This Page (optional) ► 15.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 233

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Beth Berry

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer Tennessee Hospital Association
Occupation Sr. Vice President, Government Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 16080417

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)
Mr. Chris Clarke

Mailing Address 500 Interestate Blvd. South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer Tennessee Hospital Association
Occupation Senior Vice President, Center for Pati

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 16080419

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Joseph M Dawson

Mailing Address 907 East Lamar Alexander Pkwy

City State Zip Code
Maryville TN 37804-5016

FEC ID number of contributing federal political committee. **C**

Name of Employer Blount Memorial Hospital
Occupation Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 16080420

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael A. Dietrich

Mailing Address 500 Interstate Boulevard South

City Nashville State TN Zip Code 37210-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer Tennessee Hospital Association Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 31 / 2008

Transaction ID: 16080421

Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Mr. Jim Gann

Mailing Address P O Box 489

City Harriman State TN Zip Code 37748-0489

FEC ID number of contributing federal political committee. **C**

Name of Employer Roane Medical Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2008

Transaction ID: 16080423

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Thomas H Gee

Mailing Address P O Box 1030

City Paris State TN Zip Code 38242-1030

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry County Medical Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 31 / 2008

Transaction ID: 16080424

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ▶ 950.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James L. Goodloe

Mailing Address 500 Interstate Blvd. South

City Nashville State TN Zip Code 37210-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer Tennessee Hospital Association Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 31 / 2008
Transaction ID: 16080425
Amount of Each Receipt this Period 750.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert S. Gordon

Mailing Address 7891 Cross Pike Drive

City Germantown State TN Zip Code 38138-8117

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Memorial Health Care Corporation Occupation Executive Vice President & CAO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2008
Transaction ID: 16080426
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Andrew Hall

Mailing Address 1905 Amerian Way

City Kingsport State TN Zip Code 37660-5882

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellmont Health System Occupation Director, Community Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 31 / 2008
Transaction ID: 16080427
Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 233

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Michael Huggins

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer Tennessee Hospital Association
Occupation Executive Vice President & COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 16080434

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)
Mr. Bill Jolley

Mailing Address 500 Interstate Blvd., South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer Tennessee Hospital Association
Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 16080435

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Wesley Littrell

Mailing Address 2000 Church Street

City State Zip Code
Nashville TN 37236-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Hospital
Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 16080436

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 233

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Janice M. McKinley, RN, FACHE

Mailing Address 939 Vista Oaks Lane

City State Zip Code
Knoxville TN 37919-4445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Parkwest Medical Center Vice President & Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 16080438

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert Otwell

Mailing Address 1224 Trotwood Avenue

City State Zip Code
Columbia TN 38401-4802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Maury Regional Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 16080441

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Richard Parks

Mailing Address 708 West Forest Avenue

City State Zip Code
Jackson TN 38301-3901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
West Tennessee Healthcare President, Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 16080442

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

800.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Thelma K. Traut

Mailing Address 1080 Cedar Drive
Cedar Lake Estates

City State Zip Code
Camden TN 38320

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Memorial Hospital-Huntingdon Occupation Vice Chair

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 16080443

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Carlyle L E Walton

Mailing Address 401 Takoma Avenue

City State Zip Code
Greeneville TN 37743-4647

FEC ID number of contributing federal political committee. **C**

Name of Employer Takoma Regional Hospital Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 16080444

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
Ms. Ellen Wilhoit

Mailing Address P O Box 8005

City State Zip Code
Sevierville TN 37864-8005

FEC ID number of contributing federal political committee. **C**

Name of Employer Fort Sanders-Sevier Medical Center Occupation President and Chief Administrative Off

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: 16080445

Amount of Each Receipt this Period
270.00

SUBTOTAL of Receipts This Page (optional) ► **745.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr David Blackmon

Mailing Address P O Box 129

City State Zip Code
Lawton OK 73502-0129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Comanche County Memorial Hospital Chief Financial Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16080451

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Patricia Davis

Mailing Address 4414 Manchester Court

City State Zip Code
Norman OK 73072-3915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Oklahoma Hospital Association Executive Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 620.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16080452

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Cynthia Duncan

Mailing Address 1115 East Jasmine

City State Zip Code
Frederick OK 73542-4020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Memorial Hospital and Physician Group Director, Human Resources

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16080453

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Shelly Dunham

Mailing Address PO Box 544

City Okeene State OK Zip Code 73763-0544

FEC ID number of contributing federal political committee. **C**

Name of Employer Okeene Municipal Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 11 / 03 / 2008
Transaction ID: 16080454
Amount of Each Receipt this Period 21.00

B. Full Name (Last, First, Middle Initial)
Ms. Linda Jones

Mailing Address 122 North 12th Street

City Frederick State OK Zip Code 73542-5629

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Hospital and Physician Group Occupation Nursing Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2008
Transaction ID: 16080457
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Charles E Skillings

Mailing Address 1102 West MacArthur Street

City Shawnee State OK Zip Code 74804-1744

FEC ID number of contributing federal political committee. **C**

Name of Employer Unity Health Center Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2008
Transaction ID: 16080459
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 771.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Gloria Thurman

Mailing Address 319 East Josephine

City State Zip Code
Frederick OK 73542-2220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Memorial Hospital and Physician Group Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16080460

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Karen S. Cole

Mailing Address 3900 East 10th Street

City State Zip Code
Trenton MO 64683-9529

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wright Memorial Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2008

Transaction ID: 16080472

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Karen Nelson

Mailing Address 2 Stonehedge Drive

City State Zip Code
Wilmington MA 01887-3190

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Massachusetts Hospital Association Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: 16080477

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Paulette A Rouse

Mailing Address 104 Kendall Hill Road

City State Zip Code
Sterling MA 01564-1533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Massachusetts Organization of Nurse Ex President-elect

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16081091

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr. Peter B Davis

Mailing Address 172 Kinsley Street

City State Zip Code
Nashua NH 03060-3648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Joseph Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16081092

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr Michael C Rogers

Mailing Address 5565 Sterrett Place, 5th Floor

City State Zip Code
Columbia MD 21044-2665

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MedStar Health Executive VP, Corporate Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16081098

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Jeffrey J Pargament	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 9312 Falls Bridge Ln	Transaction ID: 16081099
	City State Zip Code Potomac MD 20854-3950	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Shady Grove Adventist Hospital Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. John R. Broberg	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 2806 Cedarsprings Lane	Transaction ID: 16081691
	City State Zip Code Wamego KS 66547-9503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wamego City Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Jonathan S Davis, , FACHE	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 1102 E. Centennial	Transaction ID: 16081701
	City State Zip Code Pittsburg KS 66762-6643	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mt. Carmel Regional Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Robert L Driewer, , CHE

Mailing Address 1201 W. 12th Avenue

City State Zip Code
Emporia KS 66801-2504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Newman Regional Health Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16081703

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Dennis L George

Mailing Address 801 N Fourth

City State Zip Code
Burlington KS 66839-0189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Coffey County Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16081710

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. William K Mahoney

Mailing Address 511 Cedar Cove

City State Zip Code
Parsons KS 67357-2256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Labette Health Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16081736

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Eugene W Meyer

Mailing Address 26342 W 110th Terrace

City Olathe State KS Zip Code 66061-8413

FEC ID number of contributing federal political committee. **C**

Name of Employer Lawrence Memorial Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: 16081741
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Joyce Portela

Mailing Address 9632 Zarda Drive

City Lenexa State KS Zip Code 66227-7205

FEC ID number of contributing federal political committee. **C**

Name of Employer Shawnee Mission Medical Center Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: 16081759
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Samuel H Turner, , Sr.

Mailing Address 11408 Fontana Court

City Leawood State KS Zip Code 66211-1344

FEC ID number of contributing federal political committee. **C**

Name of Employer Shawnee Mission Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: 16082121
 Amount of Each Receipt this Period: 225.00

SUBTOTAL of Receipts This Page (optional) ► 725.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Edward Johnson

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saint Francis Care Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 16082168

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. Falaguerra

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Vice President Plant Operation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 16082169

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr David A Whitehead

Mailing Address 326 Washington Street

City State Zip Code
Norwich CT 06360-2733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The William W. Backus Hos- Vice President Planning
pital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 16082170

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 233
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Lugene Inzana

Mailing Address 113 Nolan Drive

City State Zip Code
Allegany NY 14706-1114

FEC ID number of contributing federal political committee. **C**

Name of Employer: Lawrence & Memorial Hospital
Occupation: Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 04 / 2008
Transaction ID: 16082171
Amount of Each Receipt this Period: 350.00

B. Full Name (Last, First, Middle Initial)
Mr Steven Rosenberg

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing federal political committee. **C**

Name of Employer: Saint Francis Hospital and Medical Cen
Occupation: Senior Vice President and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 04 / 2008
Transaction ID: 16082172
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Bernard A. Clark, III

Mailing Address 93 Johnny Cake Lane

City State Zip Code
Glastonbury CT 06033-2545

FEC ID number of contributing federal political committee. **C**

Name of Employer: Saint Francis Hospital and Medical Cen
Occupation: Chairman, Dept. of Medicine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 04 / 2008
Transaction ID: 16082173
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 233
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William Godburn

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Vice President Revenue Managment

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082174

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Patrick Charnel

Mailing Address 130 Division Street

City State Zip Code
Derby CT 06418-1326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Griffin Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082175

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr Daniel E Lohr

Mailing Address 326 Washington Street

City State Zip Code
Norwich CT 06360-2733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The William W. Backus Hos- Senior Vice President and Chief Financ
pital

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082176

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Dr. Peter N Herbert, , M.D.		Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 789 Howard Avenue		Transaction ID: 16082177
	City New Haven	State CT	Zip Code 06519-1304
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Yale New Haven Health System	Occupation Senior Vice President Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Mr. Mark L. Anderson		Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 10 Daffodil Lane		Transaction ID: 16082178
	City New Haven	State CT	Zip Code 06807-1409
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Yale New Haven Health System	Occupation Sr. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Vincent Petrini		Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 20 York Street		Transaction ID: 16082179
	City New Haven	State CT	Zip Code 06510-3220
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Yale New Haven Health System	Occupation Senior VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Richard D'Aquila		Date of Receipt
	Mailing Address 789 Howard Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 4 / 2 0 0 8
	City	State	Zip Code
	New Haven	CT	06519-1304
	FEC ID number of contributing federal political committee. C		Transaction ID: 16082180
Name of Employer Yale New Haven Health System		Occupation Executive Vice President and Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00
		<input type="text"/> 350.00	

B.	Full Name (Last, First, Middle Initial) Mr Vincent Capece		Date of Receipt
	Mailing Address 28 Crescent Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Middletown	CT	06457-3650
	FEC ID number of contributing federal political committee. C		Transaction ID: 16082181
Name of Employer Middlesex Hospital		Occupation Vice President Finance and Treasurer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00
		<input type="text"/> 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Stephen A. Frayne		Date of Receipt
	Mailing Address 411 Old Sherman Hill Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Woodbury	CT	06798-4003
	FEC ID number of contributing federal political committee. C		Transaction ID: 16082182
Name of Employer Connecticut Hospital Association		Occupation Senior Vice President, Health Policy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 233

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Kimberley K. Hostetler

Mailing Address 31 Prospect Place

City State Zip Code
Bristol CT 06010-5045

FEC ID number of contributing federal political committee. **C**

Name of Employer Connecticut Hospital Association
Occupation Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082183

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Clarence J Silvia

Mailing Address 81 Meriden Avenue

City State Zip Code
Southington CT 06489-3268

FEC ID number of contributing federal political committee. **C**

Name of Employer Bradley Memorial Hospital and Health C
Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082184

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Mr David R Newton

Mailing Address P O Box 100

City State Zip Code
New Britain CT 06050-0100

FEC ID number of contributing federal political committee. **C**

Name of Employer New Britain General Hospital
Occupation Senior Vice President Finance and Chief

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082185

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Steven A. Godfrey

Mailing Address Post Office Box 100

City State Zip Code
New Britain CT 06050-4000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Central Connecticut Health Alliance VP Payer Relations/ Gov Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 16082186

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Dr Steven D Hanks, , M.D.

Mailing Address P O Box 100

City State Zip Code
New Britain CT 06050-0100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New Britain General Hospital Senior Vice President Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 16082187

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Ms Hope Juckel-Regan, , R.N.

Mailing Address P O Box 5000

City State Zip Code
Bridgeport CT 06610-5000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bridgeport Hospital Executive Vice President and Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 16082188

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul F. Pendergast

Mailing Address 95 Woodland Street

City State Zip Code
Hartford CT 06105-1230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saint Francis Care, Inc. President & Chief Development Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082190

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Ann Hanley

Mailing Address 349 East Street

City State Zip Code
Hebron CT 06248-1102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Administrator, Liaison Office

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082191

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kevin Reynolds

Mailing Address 280 Steele Road

City State Zip Code
West Hartford CT 06117-2743

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saint Francis Care, Inc. Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082192

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 233
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Ms. Mary E. Inguanti</p> <p>Mailing Address 114 Woodland Street</p> <p>City State Zip Code Hartford CT 06105-1208</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Saint Francis Care, Inc. Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 04 / 2008</p> <p>Transaction ID: 16082193</p> <p>Amount of Each Receipt this Period 250.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Mr. Christopher Hartley</p> <p>Mailing Address 114 woodland Street</p> <p>City State Zip Code Hartford CT 06105-1208</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Saint Francis Hospital and Medical Cen Sr Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 04 / 2008</p> <p>Transaction ID: 16082194</p> <p>Amount of Each Receipt this Period 500.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Ms Kathleen DeMatteo</p> <p>Mailing Address 114 Woodland Street</p> <p>City State Zip Code Hartford CT 06105-1208</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Saint Francis Hospital and Medical Cen Chief Information Officer and Vice Pre</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 04 / 2008</p> <p>Transaction ID: 16082195</p> <p>Amount of Each Receipt this Period 250.00</p>
--	--

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James W. Schepker

Mailing Address 115 Mountain Terrace Road

City State Zip Code
West Hartford CT 06107-1547

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Vice president Communications

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082197

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Steinberg

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Chairman of Surgery

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082199

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Donald Straceski

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Vice President Fiancial Management

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082200

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 233

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Stephen W Larcen, , Ph.D.

Mailing Address 189 Storrs Road

City State Zip Code
Mansfield Center CT 06250-1638

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Natchaug Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082202

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Thomas P Pipicelli

Mailing Address 326 Washington Street

City State Zip Code
Norwich CT 06360-2740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The William W. Backus Hos-
pital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082203

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Peter Fraser

Mailing Address 155 Main Street

City State Zip Code
South Glastonbury CT 06073-3004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lawrence & Memorial Hospi-
tal VP & Chief Human Resources Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16082227

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) ▶

1200.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Thomas G. Breitenbach

Mailing Address 250 Southview Road

City State Zip Code
Dayton OH 45419-3326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Premier Health Partners President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 16082548

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Ronald J Bachman

Mailing Address 1000 McKinley Park Drive

City State Zip Code
Marion OH 43302-6397

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Marion General Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 16082572

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Mina H Ubbing

Mailing Address 750 Fairview Drive

City State Zip Code
Lancaster OH 43130-3313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Fairfield Medical Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 16082574

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **550.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Kevin C Martin

Mailing Address 630 East River Street

City Elyria State OH Zip Code 44035-5902

FEC ID number of contributing federal political committee. **C**

Name of Employer EMH Regional Medical Center Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2008
Transaction ID: 16082577
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Edward J Roth, III

Mailing Address 2600 Sixth Street SW

City Canton State OH Zip Code 44710-1702

FEC ID number of contributing federal political committee. **C**

Name of Employer Aultman Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2008
Transaction ID: 16082580
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Anne Gunther

Mailing Address 316 Aspen Dr.

City Dover State OH Zip Code 44622-9497

FEC ID number of contributing federal political committee. **C**

Name of Employer Aultman Hospital Occupation Vice President, Heart Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 11 / 04 / 2008
Transaction ID: 16082586
Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 875.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Kenneth E. Alexander	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 9521 Brookline Avenue	Transaction ID: 16082592
	City State Zip Code Baton Rouge LA 70809-1431	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Louisiana Hospital Association	Occupation VP, Quality and Regulatory Activities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Wayne M Arboreaux	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 135 Highway 402	Transaction ID: 16082593
	City State Zip Code Napoleonville LA 70390-2217	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Assumption Community Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Bryan Day	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 211 Fourth Street, 5th Floor	Transaction ID: 16082594
	City State Zip Code Alexandria LA 71301-5312	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Riverside Hospital of Louisiana	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Teri G Fontenot, , FACHE		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address P O Box 95009		Transaction ID: 16082595
	City Baton Rouge	State LA	Zip Code 70895-9009
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Woman's Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Larry Graham		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 1701 Oak Park Boulevard		Transaction ID: 16082596
	City Lake Charles	State LA	Zip Code 70601-8911
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Lake Charles Memorial Hos- pital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Robert L Hawley, , Jr., FAC		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 1001 Gause Boulevard		Transaction ID: 16082597
	City Slidell	State LA	Zip Code 70458-2987
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Slidell Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William R Holman, , FACHE

Mailing Address P O Box 2511

City State Zip Code
Baton Rouge LA 70821-2511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Baton Rouge General Medical Center President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: 16082598

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark E Marley, , CHE

Mailing Address P O Box 2009

City State Zip Code
Natchitoches LA 71457-2009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Natchitoches Regional Medical Center Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: 16082599

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark J. Peters, M.D.

Mailing Address 590 Burr Oak Drive

City State Zip Code
Tipp City OH 45371-2738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
East Jefferson General Hospital President and CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: 16082600

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Sean M. Prados, MPA

Mailing Address 9521 Brookline Avenue

City State Zip Code
Baton Rouge LA 70809-8409

FEC ID number of contributing federal political committee. **C**

Name of Employer Louisiana Hospital Association Occupation Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: 16082601

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Cindy J Rogers, , FACHE

Mailing Address P O Box 1901

City State Zip Code
Monroe LA 71210-1901

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Patrick's Psychiatric Hospital Occupation Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: 16082602

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr Warner L Thomas

Mailing Address 1514 Jefferson Highway

City State Zip Code
New Orleans LA 70121-2484

FEC ID number of contributing federal political committee. **C**

Name of Employer Ochsner Medical Center Occupation President and Chief Operating Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: 16082603

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Steve Worley

Mailing Address 200 Henry Clay Avenue

City State Zip Code
New Orleans LA 70118-5798

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: 16082604

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. William F Barrow, II

Mailing Address 611 St Landry St

City State Zip Code
Lafayette LA 70506

FEC ID number of contributing federal political committee. **C**

Name of Employer Our Lady of Lourdes Regional Medical C Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: 16082605

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. James E Cathey, , Jr.

Mailing Address P O Box 2668

City State Zip Code
Hammond LA 70404-2668

FEC ID number of contributing federal political committee. **C**

Name of Employer North Oaks Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: 16082606

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 / 233
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Tim Coffey		Date of Receipt
	Mailing Address 3920 St Philippe Dr		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lake Charles	LA	70605
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lake Charles Memorial Hospital		Occupation Senior Vice President Operations	Transaction ID: 16082607
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Mr Bill Davis		Date of Receipt
	Mailing Address 1001 Gause Boulevard		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Slidell	LA	70458-2939
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Slidell Memorial Hospital		Occupation Chief Financial Officer	Transaction ID: 16082608
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Mr. Todd Delahoussaye		Date of Receipt
	Mailing Address 1701 Oak Park Boulevard		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lake Charles	LA	70601-8911
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lake Charles Memorial Hospital		Occupation Sr. VP, Specialty & Physician Services	Transaction ID: 16082609
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Derouen

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lake Charles Memorial Hospital VP of Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16082610

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Christopher Fox

Mailing Address 204 Energy Parkway

City State Zip Code
Lafayette LA 70508-3816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Meadowbrook Specialty Hospital of Lafa CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16082611

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Benjamin Frank

Mailing Address 4200 Houma Blvd.

City State Zip Code
Metairie LA 70006-2970

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
East Jefferson General Hospital Executive VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16083195

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Gary Keller

Mailing Address 1101 Kaliste Saloom Road

City State Zip Code
Lafayette LA 70508-5705

FEC ID number of contributing federal political committee. **C**

Name of Employer
Lafayette Surgical Specialty Hospital

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16083196

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Bernita Lloyd

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

FEC ID number of contributing federal political committee. **C**

Name of Employer
Lake Charles Memorial Hospital

Occupation
VP Support Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16083197

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Jennifer E. McMahon

Mailing Address 2450 Severn Avenue

City State Zip Code
Metairie LA 70001-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer
Metropolitan Hospital Council of New O

Occupation
Director of Legal/Governmental Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16083198

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Marilyn McSwain

Mailing Address 3803 Gordon St.

City State Zip Code
Lake Charles LA 70605-2803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lake Charles Memorial Hospital Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16083199

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Karen Mixon

Mailing Address 1635 Marvel Street

City State Zip Code
Coushatta LA 71019-9022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHRISTUS Coushatta Health Care Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16083200

Amount of Each Receipt this Period
375.00

C. Full Name (Last, First, Middle Initial)
Dr. Kevin Mocklin, MD

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lake Charles Memorial Hospital Medical Staff President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16083201

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary B Moffett, CPA
Mailing Address P O Box 2780

City State Zip Code
Jena LA 71342-2780

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LaSalle General Hospital Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16083202

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Patrick J Quinlan, M.D.
Mailing Address 1514 Jefferson Highway

City State Zip Code
New Orleans LA 70121-2484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ochsner Health System Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16083203

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Ted Shaw
Mailing Address 4200 Houma Boulevard

City State Zip Code
Metairie LA 70011-2996

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
East Jefferson General Hospital Chief Financial

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16083204

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr David Usher

Mailing Address P O Drawer 'M'

City State Zip Code
Lake Charles LA 70602

FEC ID number of contributing federal political committee. **C**

Name of Employer
Lake Charles Memorial Hos-
pital

Occupation
Vice President Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16083206

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr Charles P Whitson, , CPA

Mailing Address P O Drawer 'M'

City State Zip Code
Lake Charles LA 70602

FEC ID number of contributing federal political committee. **C**

Name of Employer
Lake Charles Memorial Hos-
pital

Occupation
Vice President Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 16083207

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Margaret W. Dahl

Mailing Address 1170 Latham Drive

City State Zip Code
Watkinsville GA 30677-6023

FEC ID number of contributing federal political committee. **C**

Name of Employer
Athens Regional Medical
Center

Occupation
Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2008

Transaction ID: 16085862

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. John A Drew

Mailing Address 1199 Prince Avenue

City Athens State GA Zip Code 30606-2797

FEC ID number of contributing federal political committee. **C**

Name of Employer Athens Regional Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2008

Transaction ID: 16085864

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mr. George L Heck, III

Mailing Address P O Box 1287

City Douglas State GA Zip Code 31534-1287

FEC ID number of contributing federal political committee. **C**

Name of Employer Coffee Regional Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2008

Transaction ID: 16085865

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Stephen J Machen

Mailing Address 1048 East Forsyth Street

City Americus State GA Zip Code 31709-3722

FEC ID number of contributing federal political committee. **C**

Name of Employer Sumter Regional Hospital Occupation Senior Vice President and Chief Operat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2008

Transaction ID: 16085910

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr Frank G McDougall

Mailing Address One Medical Center Drive

City Lebanon State NH Zip Code 03756-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Dartmouth-Hitchcock Medical Center Occupation Vice President, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 05 / 2008

Transaction ID: 16085962

Amount of Each Receipt this Period 350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Deanna S. Howard

Mailing Address 5 Paine Road

City Etna State NH Zip Code 03750-4508

FEC ID number of contributing federal political committee. **C**

Name of Employer Dartmouth-Hitchcock Medical Center Occupation Director, Regional Program Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 05 / 2008

Transaction ID: 16085963

Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Mr Henry D Lipman

Mailing Address 179 Sara Circle

City Laconia State NH Zip Code 03246-3069

FEC ID number of contributing federal political committee. **C**

Name of Employer LRGHealthcare Occupation Executive Vice President and Chief Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2008

Transaction ID: 16085966

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Mr. Thomas Clairmont</p> <p>Mailing Address 80 Highland Street</p> <p>City State Zip Code Laconia NH 03246-3235</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer LRG Healthcare Occupation President</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 8</p> <p>Transaction ID: 16085967</p> <p>Amount of Each Receipt this Period 500.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Mr. James P Alender</p> <p>Mailing Address 2601 Greentree Lane</p> <p>City State Zip Code Kokomo IN 46902-2951</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Howard Regional Health System Occupation President and Chief Executive Officer</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 8</p> <p>Transaction ID: 16088724</p> <p>Amount of Each Receipt this Period 250.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Mr. Roger J Allman</p> <p>Mailing Address 510 Miles Ridge Road</p> <p>City State Zip Code Madison IN 47250-2420</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer King's Daughters' Hospital and Health Occupation Chief Executive Officer</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 8</p> <p>Transaction ID: 16088725</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. JoAnn Birdzell

Mailing Address 12431 Van Buren Street

City State Zip Code
Crown Point IN 46307-9210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Catherine Hospital Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 16088749

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Paul Cardwell

Mailing Address 1407 Indian Hills

City State Zip Code
Monticello IN 47960-2729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
White County Memorial Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 16088764

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kyle De Fur, , FACHE

Mailing Address 8402 Harcourt Road

City State Zip Code
Indianapolis IN 46260-2074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Vincent Indianapolis Hospital Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 16088803

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Timothy A Flesch

Mailing Address 336 Lant Lane

City State Zip Code
Evansville IN 47715-3400

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Mary's Medical Center of Evansvill Occupation Hospital CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	8

Transaction ID: 16088826

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. John A. Griep, M.D.

Mailing Address P.O. Box 1220

City State Zip Code
Valparaiso IN 46384-1220

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Catherine Hospital Occupation Director of Medical Affairs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	8

Transaction ID: 16089022

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr Paul Janssen

Mailing Address 601 Hoosier Dr.

City State Zip Code
New Castle IN 47362-2940

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry County Hospital Occupation Senior Vice President and Chief Financial Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	8

Transaction ID: 16089048

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr Craig Kinyon

Mailing Address 3402 Deer Park Court

City Richmond State IN Zip Code 47374-7935

FEC ID number of contributing federal political committee. **C**

Name of Employer Reid Hospital and Health Care Services Occupation Vice President Finance and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2008

Transaction ID: 16089061

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Mark E Moore

Mailing Address 2696 E. Ciana Court

City Bloomington State IN Zip Code 47401-8358

FEC ID number of contributing federal political committee. **C**

Name of Employer Bloomington Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2008

Transaction ID: 16089119

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mike Packnett

Mailing Address 10125 Silver Lake Ct.

City Fort Wayne State IN Zip Code 46825-7252

FEC ID number of contributing federal political committee. **C**

Name of Employer Parkview Hospital Occupation Hospital President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2008

Transaction ID: 16089133

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Kelly N. Stanley

Mailing Address 2628 Parkway Drive

City State Zip Code
Muncie IN 47304-5127

FEC ID number of contributing federal political committee. **C**

Name of Employer: Ball Memorial Hospital, Inc. Occupation: President - BMH Foundation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 10 / 2008
Transaction ID: 16089174
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Ann Hewston

Mailing Address 10501 State Hwy 285

City State Zip Code
Conneaut Lake PA 16316

FEC ID number of contributing federal political committee. **C**

Name of Employer: Meadville Medical Center Occupation: Director, Rehabilitative Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 14 / 2008
Transaction ID: 16089223
Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary Ann Hewston

Mailing Address 10501 State Hwy 285

City State Zip Code
Conneaut Lake PA 16316

FEC ID number of contributing federal political committee. **C**

Name of Employer: Meadville Medical Center Occupation: Director, Rehabilitative Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 11 / 14 / 2008
Transaction ID: 16089225
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sandra Smith Wright, Ed.D., R.N.
Mailing Address PO Box 549

City State Zip Code
Woodville TX 75979-0549

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tyler County Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008
Transaction ID: 16089233
Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Ms. Marilyn A. Bowcutt, RN, MSN
Mailing Address 6030 Columbia Road

City State Zip Code
Augusta GA 30813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University Health Care System Vice President, Patient Care

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008
Transaction ID: 16089234
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Claude W. Harbarger
Mailing Address 969 Lakeland Drive

City State Zip Code
Jackson MS 39216-4606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Dominic-Jackson Memorial Hospital President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2008
Transaction ID: 16089235
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 233
(check only one)

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<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Wayne A. Smith

Mailing Address 1280 South Governors Avenue

City State Zip Code
Dover DE 19904-4802

FEC ID number of contributing federal political committee. **C**

Name of Employer Delaware Healthcare Association
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
640.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 16089328

Amount of Each Receipt this Period
140.00

B.

Full Name (Last, First, Middle Initial)
Mr. Barry S Cochran, FACHE

Mailing Address P O Drawer 710

City State Zip Code
Fayette AL 35555-0710

FEC ID number of contributing federal political committee. **C**

Name of Employer Fayette Medical Center
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 16090428

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Jennie R Rhinehart

Mailing Address 805 Friendship Road

City State Zip Code
Tallassee AL 36078-1234

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Hospital
Occupation Administrator and Chief Executive Offi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
559.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 16090429

Amount of Each Receipt this Period
559.00

SUBTOTAL of Receipts This Page (optional) ► **1699.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Clark P. Christianson

Mailing Address 6762 Stoneridge Court

City State Zip Code
Mobile AL 36695-3061

FEC ID number of contributing federal political committee. **C**

Name of Employer Providence Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 16090430

Amount of Each Receipt this Period
665.00

B.

Full Name (Last, First, Middle Initial)
Mr. Sammy Watson

Mailing Address 809 University Blvd. East

City State Zip Code
Tuscaloosa AL 35401

FEC ID number of contributing federal political committee. **C**

Name of Employer DCH Health System Occupation Director, Community Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 16090431

Amount of Each Receipt this Period
435.00

C.

Full Name (Last, First, Middle Initial)
Ms Elaine Averett

Mailing Address P O Box 935

City State Zip Code
Grove Hill AL 36451-0935

FEC ID number of contributing federal political committee. **C**

Name of Employer Grove Hill Memorial Hospital Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 16090432

Amount of Each Receipt this Period
280.00

SUBTOTAL of Receipts This Page (optional) ► **1380.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Peter E Makowski

Mailing Address 4231 West 16th Avenue

City State Zip Code
Denver CO 80204-1335

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Anthony Central Hospital Occupation Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: 16090548

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jodi Chambers

Mailing Address 4231 West 16th Avenue

City State Zip Code
Denver CO 80204-1335

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Anthony Central Hospital Occupation Chief Medical Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: 16090550

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven R. Michaud

Mailing Address 7 Ivanhoe Drive

City State Zip Code
Topsham ME 04086-6109

FEC ID number of contributing federal political committee. **C**

Name of Employer Maine Hospital Association Occupation President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 8

Transaction ID: 16090630

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Frank R. Brownell, III

Mailing Address Post Office Box 76
100 North 10th Street

City Montezuma State IA Zip Code 50171-0076

FEC ID number of contributing federal political committee. **C**

Name of Employer Grinnell Regional Medical Center Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091498

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)
Mr. James G FitzPatrick

Mailing Address 11 Hackberry Road

City Mason City State IA Zip Code 50401-2505

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Medical Center-North Iowa Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 519.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091499

Amount of Each Receipt this Period
519.50

C.

Full Name (Last, First, Middle Initial)
Dr. Carol A. Watson, Ph.D., RN

Mailing Address 390 NB
50 Newton Road

City Iowa City State IA Zip Code 52242-9296

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Iowa College of Nursing Occupation Professor-Clinical

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091500

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1769.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 233
(check only one)

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<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Greg E. Boattenhamer

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1829

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Hospital Association Occupation Sr. Vice President, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091501

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Peter W Thoreen

Mailing Address 2720 Stone Park Boulevard

City State Zip Code
Sioux City IA 51104-3795

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Luke's Regional Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
547.50

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091502

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. J. Kirk Norris

Mailing Address 5055 Upper Creek Drive

City State Zip Code
Pleasant Hill IA 50327

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091504

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 233
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Marilyn E. Kaptain-Dahlen	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 801 15th Street Box 203	Transaction ID: 16091508
	City State Zip Code Sioux City IA 51105-1502	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mercy Medical Center-Sioux City Vice President, Regionalization	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Richard A Seidler, , FACHE	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 1708 Partridge Lane	Transaction ID: 16091582
	City State Zip Code Waterloo IA 50701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Allen Memorial Hospital Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Douglas P Cropper	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 3300 Gallows Road	Transaction ID: 16091583
	City State Zip Code Falls Church VA 22042-3307	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Inova Fairfax Hospital Senior Vice President and Chief Execut	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Timothy L Charles

Mailing Address 701 Tenth Street SE

City State Zip Code
Cedar Rapids IA 52403-1251

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Medical Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091584

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Dale Andres, D.O.

Mailing Address 3647 North Shore

City State Zip Code
Clear Lake IA 50428-1070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Medical Center-North Iowa Senior Vice President Physician Integr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091585

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Suku Radia

Mailing Address 4800 Stonebridge Circle

City State Zip Code
West Des Moines IA 50265-2982

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Medical Center CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091586

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David H Vellinga, , FACHE

Mailing Address 1111 6th Avenue

City State Zip Code
Des Moines IA 50314-2613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Medical Center-Des Moines President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: 16091587
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Theodore E Townsend

Mailing Address P O Box 3026

City State Zip Code
Cedar Rapids IA 52406-3026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Luke's Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: 16091588
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mr Scott Leighty

Mailing Address 1000 Fourth Street SW

City State Zip Code
Mason City IA 50401-2800

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Medical Center-North Iowa Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: 16091589
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Paul Manternach, MD
Mailing Address 1000 4th St. NW

City State Zip Code
Mason City IA

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Medical Center Director, Emergency Dept.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091590

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr Douglas E Morse
Mailing Address 1000 Fourth Street SW

City State Zip Code
Mason City IA 50401-2800

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Medical Center-North Iowa Senior Vice President Network and Clin

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091591

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. John C Sheehan
Mailing Address P O Box 3026

City State Zip Code
Cedar Rapids IA 52406-3026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Luke's Hospital Executive Vice President and COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091594

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Paul Dougherty

Mailing Address P.O.3168
Sioux City, Ia . 51102

City State Zip Code
Sioux City IA 51102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Medical Center-Sioux City President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	8

Transaction ID: 16091595

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Barbara C. Peterson

Mailing Address 701 10th St. SE

City State Zip Code
Cedar Rapids IA 52403-1251

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Medical Center Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	8

Transaction ID: 16091596

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)
Ms. Sandra L. McIntosh, RN, MA, CN

Mailing Address 1208 Woodland Dr. SE

City State Zip Code
Cedar Rapids IA 52403-9076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Luke's Hospital Director, Emergency Medical/Surgical

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	8

Transaction ID: 16091597

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Tina Reynolds		Date of Receipt
	Mailing Address 1720 Central Ave E		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hampton	IA	50441-1859
	FEC ID number of contributing federal political committee. C		Transaction ID: 16091598
Name of Employer Franklin General Hospital		Occupation Manger of Administration Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="288.00"/>
		<input type="text" value="288.00"/>	

B.	Full Name (Last, First, Middle Initial) Mr. Clinton J Christianson		Date of Receipt
	Mailing Address 1 St Joseph's Drive		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Centerville	IA	52544-9017
	FEC ID number of contributing federal political committee. C		Transaction ID: 16091610
Name of Employer Mercy Medical Center-Centerville		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="287.50"/>
		<input type="text" value="287.50"/>	

C.	Full Name (Last, First, Middle Initial) Ms Joan Bierman		Date of Receipt
	Mailing Address 300 Sioux Valley Drive		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Cherokee	IA	51012-1205
	FEC ID number of contributing federal political committee. C		Transaction ID: 16091611
Name of Employer Cherokee Regional Medical Center		Occupation Vice President Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="825.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Dawn M. Bach

Mailing Address 1525 West 5th Street

City Storm Lake State IA Zip Code 50588-3027

FEC ID number of contributing federal political committee. **C**

Name of Employer Buena Vista Regional Medical Center Occupation Director of Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2008

Transaction ID: 16091612

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Art J. Spies

Mailing Address 100 E. Grand Ave. Suite 100

City Des Moines State IA Zip Code 50309-1800

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Hospital Association Occupation Senior Vice President, Membership Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2008

Transaction ID: 16091613

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul Foelsch

Mailing Address 500 East Market Street

City Iowa City State IA Zip Code 52245-2689

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Iowa City Occupation Vice President Information Services an

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2008

Transaction ID: 16091614

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Michael D Trachta

Mailing Address 312 Ninth Street SW

City State Zip Code
Waverly IA 50677-2929

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Waverly Health Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091615

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. David M. Miller

Mailing Address Miller Dairy Sales, Ltd.
Route 2 Box 163

City State Zip Code
Chariton IA 50049-9661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lucas County Health Center Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091616

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Michael T Kafka, MD

Mailing Address 3712 Briar Path

City State Zip Code
Sioux City IA 51104-1323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Luke's Regional Medical Center Director, Pathology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091617

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. John E Knox, , FACHE

Mailing Address 350 North Grandview Avenue

City State Zip Code
Dubuque IA 52001-6392

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Finley Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091618

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Carol E. Twedt

Mailing Address 4344 Pine Ridge Trail NE

City State Zip Code
Iowa City IA 52240-7830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Iowa City Director, Clinical Information Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091619

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. C James Platt

Mailing Address P O Box 174

City State Zip Code
Fort Madison IA 52627-0174

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Fort Madison Community Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091620

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Donna M Oliver		Date of Receipt
	Mailing Address 1410 North Fourth Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Clinton	IA	52732-2940
	FEC ID number of contributing federal political committee. C		Transaction ID: 16091621
Name of Employer Mercy Medical Center-Clin-ton		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Charles R Miller		Date of Receipt
	Mailing Address P O Box 250		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sheldon	IA	51201-0250
	FEC ID number of contributing federal political committee. C		Transaction ID: 16091622
Name of Employer Sanford Sheldon Medical Center		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Ms Patricia Denzer		Date of Receipt
	Mailing Address 2720 Stone Park Boulevard		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sioux City	IA	51104-3795
	FEC ID number of contributing federal political committee. C		Transaction ID: 16091623
Name of Employer St. Luke's Regional Medical Center		Occupation Senior Vice President and Chief Operat	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert R Sellers

Mailing Address 631 North Eighth Street

City State Zip Code
Missouri Valley IA 51555-1199

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Alegent Health Community Regional Administrator
Memorial Hosp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091624

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert C Travis

Mailing Address 4827 School House Rd

City State Zip Code
Bettendorf IA 52722-6577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Genesis Medical Center-Da- VP of Strategic Development
avenport

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091626

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Mark D Richardson

Mailing Address 1221 South Gear Avenue

City State Zip Code
West Burlington IA 52655-1681

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Great River Medical Center President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091627

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Jay Christensen	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 1229 'C' Avenue East	Transaction ID: 16091628
	City State Zip Code Oskaloosa IA 52577-4246	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mahaska Health Partnership Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Larry L. Donaldson	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 701 10th St. SE	Transaction ID: 16091629
	City State Zip Code Cedar Rapids IA 52403-1251	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mercy Medical Center Sr. Vice President Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr Joseph LeValley	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 1111 6th Avenue	Transaction ID: 16091630
	City State Zip Code Des Moines IA 50314-2611	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mercy Medical Center-Des Moines Senior Vice President Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Allen E Pohren

Mailing Address P O Box 498

City State Zip Code
Red Oak IA 51566-0498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Montgomery County Memorial Hospital Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091632

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. John M. Comstock

Mailing Address 300 Sioux Valley Drive

City State Zip Code
Cherokee IA 51012-1205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cherokee Regional Medical Center Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091633

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas C Evans, M.D.

Mailing Address 1200 Pleasant Street

City State Zip Code
Des Moines IA 50309-1453

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Iowa Health System Vice President and Chief Medical Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 16091634

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Richard Hildebrand	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 2720 Stone Park Boulevard	Transaction ID: 16091635
	City State Zip Code Sioux City IA 51104-3734	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Luke's Regional Medical Center Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Mary Ann Osborn, RN, MA	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 1026 A Avenue	Transaction ID: 16091636
	City State Zip Code Cedar Rapids IA 52402-5036	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Luke's Hospital Occupation Vice President, Chief Clinical Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Kenneth Croken	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 1227 E Rusholme St	Transaction ID: 16091641
	City State Zip Code Davenport IA 52803-2459	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Genesis Medical Center-Davenport Occupation VP of Corporate Communication & Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Toni Ebeling

Mailing Address 532 First Street Northwest
Box 68

City State Zip Code
Britt IA 50423-1227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hancock County Memorial Hospital Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091642

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Diane Fischels

Mailing Address 1791 Springview Dr.

City State Zip Code
Mason City IA 50401-4759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Medical Center-North Iowa VP, Organizational Development

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091643

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Kim Price

Mailing Address 110 Woodland Dr

City State Zip Code
Forest City IA 50436-2418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Medical Center-North Iowa Director, Clinics

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091644

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 233
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Rod G Schlader		Date of Receipt
	Mailing Address 1000 Fourth Street SW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mason City	IA	50401-2800
	FEC ID number of contributing federal political committee.		Transaction ID: 16091645
Name of Employer Mercy Medical Center-North Iowa		Occupation Chief Financial Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Ms. Susan Thompson		Date of Receipt
	Mailing Address 1500 Collins St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Webster City	IA	50595-2621
	FEC ID number of contributing federal political committee.		Transaction ID: 16091648
Name of Employer Trinity Regional Medical Center		Occupation Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Tom Tibbitts		Date of Receipt
	Mailing Address 802 Kenyon Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Fort Dodge	IA	50501-5740
	FEC ID number of contributing federal political committee.		Transaction ID: 16091649
Name of Employer Trinity Regional Medical Center		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Joseph S Smith

Mailing Address 1015 Union Street

City State Zip Code
Boone IA 50036-4898

FEC ID number of contributing federal political committee. **C**

Name of Employer Boone County Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091650

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Todd C Linden

Mailing Address 210 Fourth Avenue

City State Zip Code
Grinnell IA 50112-1886

FEC ID number of contributing federal political committee. **C**

Name of Employer Grinnell Regional Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091651

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Gregory A Paris, , CHE

Mailing Address 6580 165th Street

City State Zip Code
Albia IA 52531-8793

FEC ID number of contributing federal political committee. **C**

Name of Employer Monroe County Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16091652

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. David E Phelps	Date of Receipt MM / DD / YYYY 11 / 13 / 2008
	Mailing Address 725 North Street	Transaction ID: 16093248
	City State Zip Code Pittsfield MA 01201-4124	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Berkshire Health Systems, Inc. Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Gary A Perkins, CHE	Date of Receipt MM / DD / YYYY 11 / 12 / 2008
	Mailing Address 8200 Dodge Street	Transaction ID: 16093250
	City State Zip Code Omaha NE 68114-4113	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Children's Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Thomas W Huebner	Date of Receipt MM / DD / YYYY 11 / 13 / 2008
	Mailing Address 160 Allen Street	Transaction ID: 16093254
	City State Zip Code Rutland VT 05701-4560	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Rutland Regional Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Peter A Hofstetter

Mailing Address P O Box 1370

City State Zip Code
Saint Albans VT 05478-1370

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Northwestern Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2008

Transaction ID: 16093256

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. G. Richard Hastings

Mailing Address 2612 Ashurst Lane

City State Zip Code
Lees Summit MO 64081-2187

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saint Luke's Health System President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2008

Transaction ID: 16093257

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Mr. Stephen M Erixon

Mailing Address 220 Windy Ridge

City State Zip Code
Hollister MO 65672-5725

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Skaggs Community Health Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2008

Transaction ID: 16093260

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **692.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Holly Phipps-Adams

Mailing Address 201 East University Parkway

City State Zip Code
Baltimore MD 21218-2829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Union Memorial Hospital Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 8

Transaction ID: 16093261

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr. Bradley Chambers

Mailing Address 201 East University Parkway

City State Zip Code
Baltimore MD 21218-2895

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Union Memorial Hospital Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 8

Transaction ID: 16093262

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Harrison J Rider, III

Mailing Address 201 East University Parkway

City State Zip Code
Baltimore MD 21218-2829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Union Memorial Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 8

Transaction ID: 16093263

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr Stuart Bell, , M.D.

Mailing Address 201 East University Parkway

City State Zip Code
Baltimore MD 21218-2891

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Union Memorial Hospital Vice President Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
11 / 13 / 2008

Transaction ID: 16093264

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Rob Lockridge

Mailing Address 14304 Horseshoe Ford Rd

City State Zip Code
Ashland VA 23005-3163

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
University of Virginia Medical Center Director, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
11 / 17 / 2008

Transaction ID: 16093275

Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Stephen Brown

Mailing Address 6541 Raftelis Rd

City State Zip Code
Burke VA 22015-4163

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Medicorp Health System VP Financial Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
11 / 17 / 2008

Transaction ID: 16093834

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) 950.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Kylanne Silverstone

Mailing Address 10620 Belfast Place

City State Zip Code
Potomac MD 20854-1704

FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Health System Occupation Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 17 / 2008
Transaction ID: 16093841
Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Mr. Christopher L Wearmouth, , FACHE

Mailing Address PO Box 13727

City State Zip Code
Roanoke VA 24036-3727

FEC ID number of contributing federal political committee. **C**

Name of Employer Tazewell Community Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 17 / 2008
Transaction ID: 16093845
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Ms. Cheryl Ward

Mailing Address 4320 Seminary Road

City State Zip Code
Alexandria VA 22304-1500

FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Alexandria Hospital Occupation Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 17 / 2008
Transaction ID: 16093846
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mark Gordon

Mailing Address 207 N Allen Ave

City State Zip Code
Richmond VA 23220-3501

FEC ID number of contributing federal political committee. **C**

Name of Employer
Bon Secours-Richmond Community Hospita

Occupation
Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16094162

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Jean M. Brereton

Mailing Address 106 Cahill Drive

City State Zip Code
Alexandria VA 22304-6445

FEC ID number of contributing federal political committee. **C**

Name of Employer
Inova Health System

Occupation
Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16094164

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Cynthia Kilgore

Mailing Address 9888 Becket Ct.

City State Zip Code
Fairfax VA 22032-2412

FEC ID number of contributing federal political committee. **C**

Name of Employer
Inova Health System

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16094166

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Diane Gail Stewart

Mailing Address 124 Boxford Square

City State Zip Code
Folsom CA 95630-6820

FEC ID number of contributing federal political committee. **C**

Name of Employer Sutter Center for Psychiatry Occupation Chief Administrative Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16094171

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Patrick Walters

Mailing Address 8321 Private Lane

City State Zip Code
Annandale VA 22003-4473

FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Loudoun Hospital Occupation Senior Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16097476

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Ms. Amy Adome

Mailing Address 11702 Ravenscalw Lane
106

City State Zip Code
Fredericksburg VA 22407-3317

FEC ID number of contributing federal political committee. **C**

Name of Employer Medisorp Health System Occupation Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16097478

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Christine M. Candio

Mailing Address 501 Holland Lane
#1109

City State Zip Code
Alexandria VA 22314-3553

FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Health System Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2008

Transaction ID: 16097479

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Harry Bryd, III

Mailing Address PO Box 472

City State Zip Code
Berryville VA 22611-0472

FEC ID number of contributing federal political committee. **C**

Name of Employer Valley Health System Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2008

Transaction ID: 16097481

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Megan R Perry

Mailing Address 3000 Coliseum Drive

City State Zip Code
Hampton VA 23666-5963

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara CarèPlex Hospital Occupation Vice President and Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2008

Transaction ID: 16098777

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
James Dunn

Mailing Address 2406 Worchester Rd

City State Zip Code
Midlothian VA 23113-6058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bon Secours-Richmond Community Hospita Organizational Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2008

Transaction ID: 16098778

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Al Pilong

Mailing Address 508 Old Fort Road

City State Zip Code
Winchester VA 22601-2914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Valley Health System Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2008

Transaction ID: 16098790

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas Thames, M.D.

Mailing Address 1309 Smith Cove Circle

City State Zip Code
Virginia Beach VA 23455-6834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Maryview Medical Center Interim Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2008

Transaction ID: 16098794

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Emory W. Tibbs, Jr.
 Mailing Address Belleview Ave. at Jefferson Street
 City State Zip Code
 Roanoke VA 24014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carilion Health System Trustee
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 8
Transaction ID: 16098797
 Amount of Each Receipt this Period
 350.00

B. Full Name (Last, First, Middle Initial)
Mr. Sean T. Barden
 Mailing Address 11422 Bluff's Ridge
 City State Zip Code
 Spotsylvania VA 22551-8915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mediacorp Health System EVP/CFO
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 8
Transaction ID: 16098798
 Amount of Each Receipt this Period
 350.00

C. Full Name (Last, First, Middle Initial)
Mr. James Grebosky
 Mailing Address 11409 North Club Drive
 City State Zip Code
 Fredericksburg VA 22408-2064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mediacorp Health System Sr Medical Director
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 8
Transaction ID: 16098812
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Patti McCue

Mailing Address 108 Bethel Park Dr

City Lynchburg State VA Zip Code 24502-5261

FEC ID number of contributing federal political committee. **C**

Name of Employer Centra Health Occupation Sr VP Patient Care Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 17 / 2008
Transaction ID: 16098814
 Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Mr Lewis C Addison

Mailing Address 1920 Atherholt Road

City Lynchburg State VA Zip Code 24501-1104

FEC ID number of contributing federal political committee. **C**

Name of Employer Centra Health Occupation Senior Vice President and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 17 / 2008
Transaction ID: 16098815
 Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Mr. James E Haden

Mailing Address 459 Locust Avenue

City Charlottesville State VA Zip Code 22902-4808

FEC ID number of contributing federal political committee. **C**

Name of Employer Martha Jefferson Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 17 / 2008
Transaction ID: 16098827
 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Joanne Gutliph, MD

Mailing Address 7965 Valderrama Ct.

City State Zip Code
Gainesville VA 20155-2825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Prince William Hospital Physician/Trustee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16098831

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
Andrews Briggs

Mailing Address 3215 Grandin Rd

City State Zip Code
Roanoke VA 24018-2119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carilion Health System General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16098832

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Dr. David Levin, MD.

Mailing Address 1476 Bridge Point Trail

City State Zip Code
Suffolk VA 23432-1320

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sentara Healthcare Vice President Medical Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16098840

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Jeff Burke

Mailing Address 12600 Foxstone Court

City State Zip Code
Midlothian VA 23113-2279

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bon Secours-Richmond Community Hospital Chief Information Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16098841

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr Reese Jackson

Mailing Address 103 Anne Glass Road

City State Zip Code
Winchester VA 22602-6679

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Valley Health System Executive Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16098849

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. David Adams

Mailing Address 1045 Ashland Place

City State Zip Code
Lynchburg VA 24503-2533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Centra Health Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16098855

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Barbara Brown, Ph.D.

Mailing Address 11 Countryside Lane

City Richmond State VA Zip Code 23229-7928

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Hospital & Healthcare Associa
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 17 / 2008
Transaction ID: 16098857
Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Ms. Kathryn Wall

Mailing Address 11513 Kingswood Blvd.

City Fredericksburg State VA Zip Code 22408-1882

FEC ID number of contributing federal political committee. **C**

Name of Employer Medcorp Health System
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 17 / 2008
Transaction ID: 16098858
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Patrick B Nolan

Mailing Address 1000 N. Shenandoah Avenue

City Front Royal State VA Zip Code 22601

FEC ID number of contributing federal political committee. **C**

Name of Employer Warren Memorial Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 17 / 2008
Transaction ID: 16098868
Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James C. Lewis

Mailing Address 11 Steeplechase Road

City State Zip Code
Fredericksburg VA 22405-3312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medicorp Health System Vice President of Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16098869

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr Stephen K Givens

Mailing Address 351 Court Street NE

City State Zip Code
Abingdon VA 24210-2955

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Johnston Memorial Hospital Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16098884

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr. Stephen Cooley

Mailing Address 4117 Crossgate Drive

City State Zip Code
Fredericksburg VA 22408-9538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medicorp Health System Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 16098899

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Thomas Lee

Mailing Address 3201 First Street

City Emmetsburg State IA Zip Code 50536-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer Palo Alto County Health System Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.50

Date of Receipt 11 / 03 / 2008

Transaction ID: 16099506

Amount of Each Receipt this Period 232.50

B.

Full Name (Last, First, Middle Initial)
Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City Quincy State IL Zip Code 62301-6380

FEC ID number of contributing federal political committee. **C**

Name of Employer Blessing Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 11 / 18 / 2008

Transaction ID: 16100910

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Alan H Channing

Mailing Address California Avenue at 15th St

City Chicago State IL Zip Code 60608-1610

FEC ID number of contributing federal political committee. **C**

Name of Employer Sinai Health System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 18 / 2008

Transaction ID: 16100912

Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► 1282.50

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Ann Errichetti, M.D.

Mailing Address 17800 South Kedzie Avenue

City State Zip Code
Hazel Crest IL 60429-2029

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate South Suburban Hospital
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2008

Transaction ID: 16100915

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jeff Hill

Mailing Address 215 Summit Street

City State Zip Code
Galena IL 61036-1697

FEC ID number of contributing federal political committee. **C**

Name of Employer Midwest Medical Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2008

Transaction ID: 16100917

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Mr. Martin Manning

Mailing Address 3013 Mary Kay Lane

City State Zip Code
Glenview IL 60026-1162

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Health Care
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2008

Transaction ID: 16100967

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr Tim C Miller, , M.D.

Mailing Address 530 NE Glen Oak Avenue

City State Zip Code
Peoria IL 61637-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OSF Saint Francis Medical Director Medical Affairs
Center

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 8

Transaction ID: 16100969

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Mr. James H Skogsbergh

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advocate Health Care President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 8

Transaction ID: 16101343

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Terri L. Allen

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Illinois Hospital Association Regional Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 238.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 8

Transaction ID: 16101351

Amount of Each Receipt this Period

196.00

SUBTOTAL of Receipts This Page (optional)

1496.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Elena Butkus	Date of Receipt MM / DD / YYYY 11 / 18 / 2008
	Mailing Address 1151 E. Warrenville Road	Transaction ID: 16101353
	City Naperville State IL Zip Code 60563-9339	Amount of Each Receipt this Period 625.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Illinois Hospital Association Occupation Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 906.25	

B.	Full Name (Last, First, Middle Initial) Ms. Mary Byrne	Date of Receipt MM / DD / YYYY 11 / 18 / 2008
	Mailing Address 304 Central Park	Transaction ID: 16101354
	City Wilmette State IL Zip Code 60091-3206	Amount of Each Receipt this Period 208.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer Illinois Hospital Association Occupation Director, Contract Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 302.18	

C.	Full Name (Last, First, Middle Initial) Mr. Mark Deaton	Date of Receipt MM / DD / YYYY 11 / 18 / 2008
	Mailing Address 740 North Hayes	Transaction ID: 16101361
	City Oak Park State IL Zip Code 60302-1706	Amount of Each Receipt this Period 416.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Illinois Hospital Association Occupation Sr. VP, General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1054.21	

SUBTOTAL of Receipts This Page (optional)	1250.10
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Nancy DeMarco

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Director of Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 906.25

Date of Receipt 11 / 18 / 2008

Transaction ID: 16101372

Amount of Each Receipt this Period 625.00

B. Full Name (Last, First, Middle Initial)
Ms. Lois DeTraglia

Mailing Address 1151 E. Warrenville Rd.

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Director, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 302.18

Date of Receipt 11 / 18 / 2008

Transaction ID: 16101373

Amount of Each Receipt this Period 208.40

C. Full Name (Last, First, Middle Initial)
Ms. Barbara Filling

Mailing Address 1013 59th Street

City Lisle State IL Zip Code 60532-3122

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Director, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 302.18

Date of Receipt 11 / 18 / 2008

Transaction ID: 16101375

Amount of Each Receipt this Period 208.40

SUBTOTAL of Receipts This Page (optional) ► **1041.80**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Brian Foster

Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 604.21

Date of Receipt 11 / 18 / 2008

Transaction ID: 16101376

Amount of Each Receipt this Period 416.70

B.

Full Name (Last, First, Middle Initial)
Ms. Tamara Lynn Gamrat

Mailing Address 1911 Hamilton Street

City Murphysboro State IL Zip Code 62966-1519

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.63

Date of Receipt 11 / 18 / 2008

Transaction ID: 16101388

Amount of Each Receipt this Period 156.30

C.

Full Name (Last, First, Middle Initial)
Ms. Ann C. Guild

Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 604.21

Date of Receipt 11 / 18 / 2008

Transaction ID: 16101390

Amount of Each Receipt this Period 416.70

SUBTOTAL of Receipts This Page (optional) ► 989.70

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Ed Holzhauser

Mailing Address 1755 Maple Lane

City State Zip Code
Wheaton IL 60187-3317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Central DuPage Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 8

Transaction ID: 16101400

Amount of Each Receipt this Period
592.12

B.

Full Name (Last, First, Middle Initial)
Ms. Teresa Hursey

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Illinois Hospital Association Vice President, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 906.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 8

Transaction ID: 16101401

Amount of Each Receipt this Period
625.00

C.

Full Name (Last, First, Middle Initial)
Ms. Susan Kaufman

Mailing Address 1151 E. Warranville Rd.

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Illinois Hospital Association Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 8

Transaction ID: 16101403

Amount of Each Receipt this Period
210.00

SUBTOTAL of Receipts This Page (optional) ► **1427.12**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Nichole Magalis

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Director, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 302.18

Date of Receipt 11 / 18 / 2008

Transaction ID: 16101412

Amount of Each Receipt this Period 208.40

B. Full Name (Last, First, Middle Initial)
Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road
PO Box 3015

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 906.25

Date of Receipt 11 / 18 / 2008

Transaction ID: 16101420

Amount of Each Receipt this Period 625.00

C. Full Name (Last, First, Middle Initial)
Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City Springfield State IL Zip Code 62707-6070

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 906.25

Date of Receipt 11 / 18 / 2008

Transaction ID: 16101430

Amount of Each Receipt this Period 625.00

SUBTOTAL of Receipts This Page (optional) ► 1458.40

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John J. Raleigh

Mailing Address 1141 East Warrenville Road

City Naperville State IL Zip Code 60563-1493

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 11 / 18 / 2008
Transaction ID: 16101432
 Amount of Each Receipt this Period 750.00

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City Wheaton State IL Zip Code 60187-3777

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 906.25

Date of Receipt 11 / 18 / 2008
Transaction ID: 16101434
 Amount of Each Receipt this Period 625.00

C. Full Name (Last, First, Middle Initial)
Ms. Jo Ann Spoor

Mailing Address 700 South Second Street

City Springfield State IL Zip Code 62704-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Manager, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 362.50

Date of Receipt 11 / 18 / 2008
Transaction ID: 16101441
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1625.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Laraine Williams

Mailing Address 1151 E. Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 906.25

Date of Receipt 11 / 18 / 2008

Transaction ID: 16101445

Amount of Each Receipt this Period 625.00

B.

Full Name (Last, First, Middle Initial)
Mr. Alan Olive

Mailing Address 10101 Double R Blvd

City Reno State NV Zip Code 89521-5931

FEC ID number of contributing federal political committee. **C**

Name of Employer Renown Regional Medical Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 18 / 2008

Transaction ID: 16101452

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City Pennington State NJ Zip Code 08534-2302

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 14 / 2008

Transaction ID: 16105718

Amount of Each Receipt this Period 5.00

SUBTOTAL of Receipts This Page (optional) ► **1130.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City State Zip Code
Manasquan NJ 08736-4001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New Jersey Hospital Association Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2008

Transaction ID: 16105721

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert M. D'Angel

Mailing Address 106 Birches Lane

City State Zip Code
Bryn Mawr PA 19010-2229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
South Jersey Healthcare General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2008

Transaction ID: 16105723

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New Jersey Hospital Association Sr. VP., Health Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 314.19

Date of Receipt
MM / DD / YYYY
11 / 14 / 2008

Transaction ID: 16105724

Amount of Each Receipt this Period
25.42

SUBTOTAL of Receipts This Page (optional) ► 400.42

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Roger D. Sarao, Jr.
Mailing Address 4 Poppy Lane
City State Zip Code
Howell NJ 07731-1451
FEC ID number of contributing federal political committee. **C**
Name of Employer New Jersey Hospital Association
Occupation VP Health Economics
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt 11 / 14 / 2008
Transaction ID: 16105728
Amount of Each Receipt this Period 5.00

B. Full Name (Last, First, Middle Initial)
Ms. Belinda Brown Cooper
Mailing Address 121 Clear Creek Road
City State Zip Code
Langhorne PA 19047-2306
FEC ID number of contributing federal political committee. **C**
Name of Employer New Jersey Hospital Association
Occupation Vice President, Human Resources
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt 11 / 14 / 2008
Transaction ID: 16105734
Amount of Each Receipt this Period 5.00

C. Full Name (Last, First, Middle Initial)
Ms. Theresa L. Edelstein
Mailing Address 27 Harvest Lane
City State Zip Code
Livingston NJ 07039-2750
FEC ID number of contributing federal political committee. **C**
Name of Employer New Jersey Hospital Association
Occupation Vice President Continuing Care Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 11 / 14 / 2008
Transaction ID: 16105738
Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 25.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. William Ferniany

Mailing Address 500 22nd Street South, Ste. 40

City Birmingham State AL Zip Code 35233-3110

FEC ID number of contributing federal political committee. **C**

Name of Employer UAB Health System Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 20 / 2008
Transaction ID: 16105742
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr Nancy Johns

Mailing Address 2749 Southwood Road

City Birmingham State AL Zip Code 35223-1228

FEC ID number of contributing federal political committee. **C**

Name of Employer Kirkland Clinic at UAB Occupation Chief Of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 20 / 2008
Transaction ID: 16105743
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael Waldrum, , M.D.

Mailing Address 619 South 19th Street

City Birmingham State AL Zip Code 35233-6505

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Alabama Hospital Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 20 / 2008
Transaction ID: 16105744
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Timothy J Thornton

Mailing Address 3257 S. Brookwood Place

City Birmingham State AL Zip Code 35223-2018

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Alabama Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2008

Transaction ID: 16105745

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mr Dean A Griffin

Mailing Address P O Box 2239

City Decatur State AL Zip Code 35609-2239

FEC ID number of contributing federal political committee. **C**

Name of Employer Decatur General Hospital Occupation Senior Vice President and Chief Operat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 20 / 2008

Transaction ID: 16105746

Amount of Each Receipt this Period 400.00

C.

Full Name (Last, First, Middle Initial)
Mr. Vahe A. Kazandjian

Mailing Address 8392 Sweet Cherry Lane

City Laurel State MD Zip Code 20723-1062

FEC ID number of contributing federal political committee. **C**

Name of Employer Maryland Hospital Association Occupation Sr. Vice President, Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 20 / 2008

Transaction ID: 16105747

Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Bowerman
Mailing Address 524 Oella Avenue
City Ellicott City State MD Zip Code 21043-4724
FEC ID number of contributing federal political committee. **C**
Name of Employer Keswick Multi-Care System Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 675.00
Date of Receipt 11 / 20 / 2008
Transaction ID: 16105750
Amount of Each Receipt this Period 675.00

B. Full Name (Last, First, Middle Initial)
Ms. Theresa L. Edelstein
Mailing Address 27 Harvest Lane
City Livingston State NJ Zip Code 07039-2750
FEC ID number of contributing federal political committee. **C**
Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Service
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt 11 / 21 / 2008
Transaction ID: 16105751
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
Mr. Erich Florentine
Mailing Address 9 Wyncroft Drive
City Woodbine State NJ Zip Code 08270-3503
FEC ID number of contributing federal political committee. **C**
Name of Employer South Jersey Healthcare Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 21 / 2008
Transaction ID: 16105752
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 935.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Deborah K Zastocki, , FACHE

Mailing Address 97 West Parkway

City State Zip Code
Pompton Plains NJ 07444-1647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Chilton Memorial Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 16105753

Amount of Each Receipt this Period
325.00

B. Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New Jersey Hospital Association Sr. VP., Health Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 334.61

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 16105754

Amount of Each Receipt this Period
20.42

C. Full Name (Last, First, Middle Initial)
Mr. Richard A. Pitman

Mailing Address 219 Van Sant Avenue

City State Zip Code
Linwood NJ 08221-1732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Shore Memorial Hospital Director of Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 16105757

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **845.42**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr Wayne C Schiffner

Mailing Address 158 Hearthstone Drive

City State Zip Code
Berlin NJ 08009-9550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
South Jersey Healthcare Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 16105759

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Paul R Bengtson

Mailing Address P O Box 905

City State Zip Code
Saint Johnsbury VT 05819-9962

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Northeastern Vermont Regional Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: 16105853

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Martin G Oscaol

Mailing Address 20 Medical Village Drive

City State Zip Code
Edgewood KY 41017-5401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Elizabeth Medical Center-North VP Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 16138351

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Todd Schmiedeler

Mailing Address 234 East Gray Street, Ste. 225

City State Zip Code
Louisville KY 40202-1913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Norton Healthcare Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: 16138358

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jeffrey M. Fried, , FACHE

Mailing Address 424 Savannah Road

City State Zip Code
Lewes DE 19958-1462

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Beebe Medical Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: 16138694

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Mr. Chad R. Austin

Mailing Address 6518 SW 26th Court

City State Zip Code
Topeka KS 66614-4305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kansas Hospital Association Vice President, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: 16139081

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional) ► **1175.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 165 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Ronald L. Bender

Mailing Address 624 Liberty St.

City State Zip Code
Clay Center KS 67432-1527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Clay County Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: 16139655

Amount of Each Receipt this Period
180.00

B. Full Name (Last, First, Middle Initial)
Mr. Todd Burch

Mailing Address P O Box 415

City State Zip Code
Tribune KS 67879-0415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Greeley County Health Services Administrator and Chief Executive Offi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: 16139662

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael A Dorsey

Mailing Address 26303 W 111th Terrace

City State Zip Code
Olathe KS 66061-8434

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Providence Medical Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: 16139668

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 930.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Jackie John

Mailing Address Post Office Box 506

City Phillipsburg State KS Zip Code 67661-0506

FEC ID number of contributing federal political committee. **C**

Name of Employer Great Plains Health Alliance, Inc. Occupation Vice President, Resource Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 24 / 2008

Transaction ID: 16139687

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Roger S. John

Mailing Address P O Box 506

City Phillipsburg State KS Zip Code 67661-0506

FEC ID number of contributing federal political committee. **C**

Name of Employer Great Plains Health Alliance, Inc. Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 587.50

Date of Receipt 11 / 24 / 2008

Transaction ID: 16139688

Amount of Each Receipt this Period 337.50

C. Full Name (Last, First, Middle Initial)
Mr. Gerald J Marquette, Jr.

Mailing Address 1400 West Fourth PO Box 1446

City Coffeyville State KS Zip Code 67337-3306

FEC ID number of contributing federal political committee. **C**

Name of Employer Coffeyville Regional Medical Center Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 517.50

Date of Receipt 11 / 24 / 2008

Transaction ID: 16139697

Amount of Each Receipt this Period 267.50

SUBTOTAL of Receipts This Page (optional) ► **1105.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Larry W. Morris

Mailing Address 6508 SW 28th

City State Zip Code
Topeka KS 66614

FEC ID number of contributing federal political committee. **C**

Name of Employer Stormont-Vail HealthCare Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: 16139700

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Mr. Eldon L. Schumacher

Mailing Address 12433 Edgewood Circle

City State Zip Code
Wichita KS 67206-3601

FEC ID number of contributing federal political committee. **C**

Name of Employer Great Plains Health Alliance, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: 16139709

Amount of Each Receipt this Period
225.00

C.

Full Name (Last, First, Middle Initial)
Mr. Vince Variale

Mailing Address 1409 East Lake Mead Boulevard

City State Zip Code
North Las Vegas NV 89030-7120

FEC ID number of contributing federal political committee. **C**

Name of Employer North Vista Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: 16140274

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. J. Frazer Rolan, Jr.

Mailing Address 2204 Lakeshore Drive
Suite 230

City Birmingham State AL Zip Code 35209-6729

FEC ID number of contributing federal political committee. **C**

Name of Employer Alabama Hospital Association Occupation Sr. VP & Director, Federal Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2008
Transaction ID: 16142793
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Gregg B. Everett

Mailing Address 109 Ocala Drive

City Montgomery State AL Zip Code 36117-6964

FEC ID number of contributing federal political committee. **C**

Name of Employer Alabama Hospital Association Occupation Sr. Vice President & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2008
Transaction ID: 16142794
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Ms. Danne J. Howard

Mailing Address 1812 Woodmere Loop

City Montgomery State AL Zip Code 36117-5004

FEC ID number of contributing federal political committee. **C**

Name of Employer Alabama Hospital Association Occupation VP, State Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2008
Transaction ID: 16142795
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Don Hogan

Mailing Address 199 Wesobulga Street

City State Zip Code
Lineville AL 36266-4743

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Clay County Hospital Pharmacy Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16142796

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Jane Knight

Mailing Address 1612 Salisbury Place

City State Zip Code
Montgomery AL 36117-2562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Alabama Hospital Association Vice President, Member Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16142797

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Ms. Rosemary Blackmon

Mailing Address 547 Le Grand Place

City State Zip Code
Montgomery AL 36106-1825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Alabama Hospital Association Vice President of Public Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16142798

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Daniel A Kane

Mailing Address 40 Palisades Avenue

City State Zip Code
Cresskill NJ 07626-2118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bayonne Medical Center President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16142861

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New Jersey Hospital Association Sr. VP., Health Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 283.77

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16142873

Amount of Each Receipt this Period
5.00

C.

Full Name (Last, First, Middle Initial)
Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City State Zip Code
Langhorne PA 19047-2306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New Jersey Hospital Association Vice President, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16142875

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► **260.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Roger D. Sarao, Jr.
Mailing Address 4 Poppy Lane
City State Zip Code
Howell NJ 07731-1451
FEC ID number of contributing federal political committee. **C**
Name of Employer New Jersey Hospital Association Occupation VP Health Economics
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00
Date of Receipt 10 / 24 / 2008
Transaction ID: 16142884
Amount of Each Receipt this Period 5.00

B. Full Name (Last, First, Middle Initial)
Ms. Valerie Sellers
Mailing Address 82 Millers Grove Road
City State Zip Code
Belle Mead NJ 08502-4306
FEC ID number of contributing federal political committee. **C**
Name of Employer New Jersey Hospital Association Occupation Senior V.P., Health Planning & Research
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00
Date of Receipt 10 / 24 / 2008
Transaction ID: 16142891
Amount of Each Receipt this Period 5.00

C. Full Name (Last, First, Middle Initial)
Mr. Fredrick J. Jacobs
Mailing Address 23 E. Delaware Avenue
City State Zip Code
Pennington NJ 08534-2302
FEC ID number of contributing federal political committee. **C**
Name of Employer New Jersey Hospital Association Occupation General Counsel
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 10 / 24 / 2008
Transaction ID: 16142893
Amount of Each Receipt this Period 5.00

SUBTOTAL of Receipts This Page (optional) ► 15.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Joseph P Coyle

Mailing Address 46 Cypress Lane

City State Zip Code
West Creek NJ 08092-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Ocean County Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 16142908

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark Deaton

Mailing Address 740 North Hayes

City State Zip Code
Oak Park IL 60302-1706

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association
Occupation Sr. VP, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 637.51

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 16142918

Amount of Each Receipt this Period
450.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary Ann Hewston

Mailing Address 10501 State Hwy 285

City State Zip Code
Conneaut Lake PA 16316

FEC ID number of contributing federal political committee. **C**

Name of Employer Meadville Medical Center
Occupation Director, Rehabilitative Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: 17065009

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$350.00 This changes the YTD Total to \$350.00

SUBTOTAL of Receipts This Page (optional) ▶ 950.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City State Zip Code
Alexandria VA 22301-1216

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: PR1034595121642

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation VP & Chief Washington Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: PR1045726221642

Amount of Each Receipt this Period
117.00

P/R Deduction (\$39.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Section Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: PR1113464221642

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **219.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Davon Gray

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Legislative Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 321.51

Date of Receipt 11 / 24 / 2008

Transaction ID: PR1143013021642

Amount of Each Receipt this Period 43.17

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Erin O'Malley

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.20

Date of Receipt 11 / 24 / 2008

Transaction ID: PR1222125721642

Amount of Each Receipt this Period 58.35

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. David L. Allen

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Associate Director, Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2008

Transaction ID: PR1234662821642

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 143.52

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Mary Meadows	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address One North Franklin	Transaction ID: PR1260472921642
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer Occupation American Organization of Nurse Executi Director of Professional Practice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

B.	Full Name (Last, First, Middle Initial) Ms. Michelle M. Mathy	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1660 Lanier PL Apt. 309	Transaction ID: PR1300853721642
	City State Zip Code Washington DC 20009-2938	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer Occupation American Hospital Association-Washingt Project Manager/PAC Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

C.	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address One North Franklin	Transaction ID: PR1339349921642
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 174.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$58.00 Bi-Weekly)
	Name of Employer Occupation Former Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1392.00	

SUBTOTAL of Receipts This Page (optional)	258.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Frances Margolin

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Operations HRET

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR1347702721642
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. James Wadzinski

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation VP, Operations and Account Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR1347703421642
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Jack A. Mackay

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR1347703621642
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 160.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Catherine D. Sewell

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
901.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: PR1347708421642

Amount of Each Receipt this Period
159.00

P/R Deduction (\$39.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Susan Gergely

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Director of Operations, AONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: PR1347791021642

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. John Slotman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2802

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Associate Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: PR1384065321642

Amount of Each Receipt this Period
60.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **261.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 178 / 233						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake		Date of Receipt MM / DD / YYYY 11 / 24 / 2008		
	Mailing Address One North Franklin		Transaction ID: PR1492459921642		
	City Chicago	State IL	Zip Code 60606-3436	Amount of Each Receipt this Period 54.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)		
	Name of Employer American Hospital Association-Chicago	Occupation Associate Executive Director - ASHHRA	Aggregate Year-to-Date 324.00		

B.	Full Name (Last, First, Middle Initial) Ms. Linda Fishman		Date of Receipt MM / DD / YYYY 11 / 24 / 2008		
	Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR327629121642		
	City Washington	State DC	Zip Code 20004-2818	Amount of Each Receipt this Period 117.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)		
	Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President, Public Policy	Aggregate Year-to-Date 936.00		

C.	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner		Date of Receipt MM / DD / YYYY 11 / 24 / 2008		
	Mailing Address 11004 Petersborough Drive		Transaction ID: PR327745921642		
	City Rockville	State MD	Zip Code 20852-3249	Amount of Each Receipt this Period 117.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)		
	Name of Employer American Hospital Association-Washingt	Occupation Director, Grassroots Advocacy	Aggregate Year-to-Date 936.00		

SUBTOTAL of Receipts This Page (optional)	288.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City State Zip Code
Park Ridge IL 60068-3227

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR327771621642

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Director, Long-Term Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR327777221642

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City State Zip Code
Oak Park IL 60304-2132

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR327777821642

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 144.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code
Great Falls VA 22066-1546

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR327801721642

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Organization of Nurse Executi
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR327812021642

Amount of Each Receipt this Period
117.00

P/R Deduction (\$39.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City State Zip Code
Arlington VA 22205-3408

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR327831721642

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **237.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address One North Franklin Street	Transaction ID: PR327846221642
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Meetings & Travel Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

B.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 2401 Calvert Street, NW Apt. 1008	Transaction ID: PR327851921642
	City State Zip Code Washington DC 20008-2614	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director, Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327858021642
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

SUBTOTAL of Receipts This Page (optional)	219.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: PR327877821642

Amount of Each Receipt this Period
117.00

P/R Deduction (\$39.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. George F. Bergstrom

Mailing Address 130 North Garland Court #3002

City State Zip Code
Chicago IL 60602-4750

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: PR327895721642

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Judy Williams

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Director Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: PR327918921642

Amount of Each Receipt this Period
51.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **228.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR328132821642
 Amount of Each Receipt this Period 117.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Barbara Lorschach

Mailing Address 204 7th Ave

City La Grange State IL Zip Code 60525-6406

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Sr. Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR328136921642
 Amount of Each Receipt this Period 117.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Executive Director, SHSMD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR328174921642
 Amount of Each Receipt this Period 54.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 288.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Donna J. Melkonian
 Mailing Address 5545 North Wayne
 City Chicago State IL Zip Code 60640-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 936.00
 Date of Receipt 11 / 24 / 2008
Transaction ID: PR328223821642
 Amount of Each Receipt this Period 117.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Dr. James D. Bentley, Ph.D.
 Mailing Address 13106 Vingle Lane
 City Silver Spring State MD Zip Code 20906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 936.00
 Date of Receipt 11 / 24 / 2008
Transaction ID: PR328224921642
 Amount of Each Receipt this Period 117.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Ron O. Purcell
 Mailing Address 1093 N. Faldo Way
 City Eagle State ID Zip Code 83616-5369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 562.50
 Date of Receipt 11 / 24 / 2008
Transaction ID: PR328241421642
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 294.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City State Zip Code
Arlington VA 22207-4446

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 4 / 2 0 0 8

Transaction ID: PR328260921642

Amount of Each Receipt this Period
117.00

P/R Deduction (\$39.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City State Zip Code
Arnold MD 21012-2126

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 4 / 2 0 0 8

Transaction ID: PR328310421642

Amount of Each Receipt this Period
120.00

P/R Deduction (\$39.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 4 / 2 0 0 8

Transaction ID: PR328341821642

Amount of Each Receipt this Period
117.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **354.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.88

Date of Receipt 11 / 24 / 2008

Transaction ID: PR328490121642

Amount of Each Receipt this Period 28.86

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City Yardley State PA Zip Code 19067-5736

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2008

Transaction ID: PR328511821642

Amount of Each Receipt this Period 117.00

P/R Deduction (\$39.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City Arlington State VA Zip Code 22205-2726

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President, Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2008

Transaction ID: PR328512021642

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 205.86

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation SPSA Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR329013421642
Amount of Each Receipt this Period 60.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Dr. John R. Combes, MD

Mailing Address 1 North Franklin Street

City State Zip Code
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR329071321642
Amount of Each Receipt this Period 117.00
P/R Deduction (\$39.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR329084421642
Amount of Each Receipt this Period 60.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 237.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City Nashville State TN Zip Code 37210-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR329215721642
 Amount of Each Receipt this Period 117.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. John Evans

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Senior Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR329342621642
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City Chicago State IL Zip Code 60626-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASDVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR329654221642
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 201.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Patricia Meersman

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Executive Services Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR330343321642
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Thomas Misfeldt

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR330411621642
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Asst. General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 24 / 2008
Transaction ID: PR330465221642
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 162.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca

Mailing Address 4960 138th Cricle West

City State Zip Code
Apple Valley MN 55124

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR330475421642

Amount of Each Receipt this Period
117.00

P/R Deduction (\$39.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR330534321642

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Gene O'Dell

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR330547721642

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **237.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 172 Atteridge	Transaction ID: PR330549221642
	City State Zip Code Lake Forest IL 60045-1715	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

B.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR330776121642
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation V.P., Advocacy & Member Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1101 N. Kentucky Street	Transaction ID: PR331278821642
	City State Zip Code Arlington VA 22205-3515	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director, State Issues Forum	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional)	162.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code
Alexandria VA 22301-2402

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director Advocacy and Public Policy Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: PR331304221642

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Sr. Director Federal Relations & Polic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: PR331379121642

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 321.32

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: PR331386921642

Amount of Each Receipt this Period 43.14

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 145.14

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 / 233
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Alex R. White, Sr.

Mailing Address PO Box 15587

City Austin State TX Zip Code 78761-5587

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1392.00

Date of Receipt 11 / 24 / 2008

Transaction ID: PR331416021642

Amount of Each Receipt this Period 174.00

P/R Deduction (\$58.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Donald May

Mailing Address 521 Great Falls St.

City Falls Church State VA Zip Code 22046-2613

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2008

Transaction ID: PR331533221642

Amount of Each Receipt this Period 117.00

P/R Deduction (\$39.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President, PMG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2008

Transaction ID: PR346168121642

Amount of Each Receipt this Period 42.00

P/R Deduction (\$19.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **333.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 233
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR517619721642
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
Name of Employer American Hospital Association-Washingt	Occupation Vice President Executive Branch Relati	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

B.

Full Name (Last, First, Middle Initial) Mr. Carlos Jackson		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 325 Seventh Street, NW		Transaction ID: PR566280921642
City Washington	State DC	Zip Code 20004-2802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 71.43
Name of Employer American Hospital Association-Washingt	Occupation Associate Director, Federal Relations	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 452.39	

C.

Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 606 S. Royal St.		Transaction ID: PR766023721642
City Alexandria	State VA	Zip Code 22314-4142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director, Policy	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	248.43
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 233
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2008

Transaction ID: PR801366321642

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President, Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2008

Transaction ID: PR876637221642

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2008

Transaction ID: PR936292321642

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 126.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. David A. Strickland		Date of Receipt
	Mailing Address One N. Franklin Street		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Chicago	State IL	Zip Code 60606
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: PR939603921642
	Name of Employer American Organization of Nurse Executi		Amount of Each Receipt this Period <input type="text" value="42.00"/>
Occupation Director of Operations		P/R Deduction (\$14.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="336.00"/>		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="42.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="184416.41"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 233
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Montana Hospital Association PAC - Federal Fund

Mailing Address P.O. Box 5119

City State Zip Code
Helena MT 59604-5119

FEC ID number of contributing federal political committee. **C** C00238782

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6900.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050104

Amount of Each Receipt this Period
1900.00

B. Full Name (Last, First, Middle Initial)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 95000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 16050107

Amount of Each Receipt this Period
25000.00

C. Full Name (Last, First, Middle Initial)
Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 80000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 16054763

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► **36900.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 233
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 16060007

Amount of Each Receipt this Period
30000.00

B. Full Name (Last, First, Middle Initial)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
105000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 16081083

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code
Madison WI 53725-9038

FEC ID number of contributing federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 16137450

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **42000.00**

TOTAL This Period (last page this line number only) ► **78900.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 233
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

4743.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: 16105805

Amount of Each Receipt this Period

476.57

Interest

SUBTOTAL of Receipts This Page (optional)	▶	476.57
TOTAL This Period (last page this line number only)	▶	476.57

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 200 / 233

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Udall For Us All</p> <p>Mailing Address PO Box 25766</p> <p>City Albuquerque State NM Zip Code 87125</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Tom Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16059996 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16062395 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Gillibrand For Senate</p> <p>Mailing Address P.O. Box 15734</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Kirsten Gillibrand</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 20</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16062401 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Daniel B. Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16062869</p> <p>Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Carney For Congress</p> <p>Mailing Address P.O. Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Christopher P. Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16062902</p> <p>Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kurt Schrader For Congress</p> <p>Mailing Address 607 N. Main St Suite 240</p> <p>City Oregon City State OR Zip Code 97045</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16074128</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Kind For Congress Committee

Transaction ID: 16076116
Date of Disbursement

Mailing Address 205 5th Avenue South
Suite 428

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

City La Crosse State WI Zip Code 54601

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Mr. Ronald Kind

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Contribution

B.

Full Name (Last, First, Middle Initial)
Melissa Bean For Congress

Transaction ID: 16076461
Date of Disbursement

Mailing Address PO Box 3068

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

City Barrington State IL Zip Code 60010

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Melissa L. Bean

Office Sought: House
 Senate
 President
State: IL District: 08

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Contribution

C.

Full Name (Last, First, Middle Initial)
Judy Biggert For Congress

Transaction ID: 16076462
Date of Disbursement

Mailing Address P.O. Box 637

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

City Hinsdale State IL Zip Code 60522

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Judy Biggert

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Costello For Congress Committee</p> <p>Mailing Address P. O. Box 8250</p> <p>City Belleville State IL Zip Code 62222</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jerry F. Costello</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16076463</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel</p> <p>Mailing Address 845 West Wolfram St.</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rahm Emanuel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16076464</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Bill Foster For Congress Committee</p> <p>Mailing Address PO Box 703</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Bill Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16076469</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Tim Johnson</p> <p>Mailing Address PO Box 17097</p> <p>City Urbana State IL Zip Code 61803</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Timothy V. Johnson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 15</p>	<p>Transaction ID: 16076474</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Dan Lipinski For Congress</p> <p>Mailing Address 5838 South Archer Avenue</p> <p>City Chicago State IL Zip Code 60638</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Daniel William Lipinski</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 03</p>	<p>Transaction ID: 16079201</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Schakowsky For Congress</p> <p>Mailing Address P.O. Box 5130</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Janice D. Schakowsky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 09</p>	<p>Transaction ID: 16079220</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Halvorson For Congress	Transaction ID: 16079230 Date of Disbursement 10 / 23 / 2008
	Mailing Address PO Box 176	Amount of Each Disbursement this Period 3500.00
	City State Zip Code Crete IL 60417	Contribution
	Purpose of Disbursement Contribution Candidate Name Rep. Deborah L. Halvorson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 011	
B.	Full Name (Last, First, Middle Initial) ROYB - Rely on Your Beliefs Fund	Transaction ID: 16079255 Date of Disbursement 10 / 24 / 2008
	Mailing Address 1300 Pennsylvania Avenue, NW Suite 700	Amount of Each Disbursement this Period 2500.00
	City State Zip Code Washington DC 20004	2008 Contribution
	Purpose of Disbursement 2008 Contribution Candidate Name ROYB - Rely on Your Beliefs Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 011	
C.	Full Name (Last, First, Middle Initial) David Scott For Congress	Transaction ID: 16079256 Date of Disbursement 10 / 24 / 2008
	Mailing Address P.O. Box 960821	Amount of Each Disbursement this Period 1000.00
	City State Zip Code Riverdale GA 30296	Contribution
	Purpose of Disbursement Contribution Candidate Name Rep. David A. Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 011	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Donna Edwards For Congress	Transaction ID: 16079257 Date of Disbursement
	Mailing Address P.O. Box 441153	<input type="text" value="10"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Fort Washington State MD Zip Code 20749	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Donna F. Edwards	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Committee To Reelect Congressman Chris Smith	Transaction ID: 16079263 Date of Disbursement
	Mailing Address P.O. Box 3184	<input type="text" value="10"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Hamilton State NJ Zip Code 08619	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Christopher H. Smith	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Tim Walz For Us Congress	Transaction ID: 16079264 Date of Disbursement
	Mailing Address PO Box 938	<input type="text" value="10"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Mankato State MN Zip Code 56002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Timothy Walz	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Friends Of Jim Oberstar Mailing Address 1017 8th St Ne City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Rep. James L. Oberstar Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16079265 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Ellison For Congress Mailing Address PO Box 6072 City Minneapolis State MN Zip Code 55406 Purpose of Disbursement Contribution Candidate Name Rep. Keith Ellison Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16079271 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Friends Of Jack Kingston Mailing Address PO Box 2133 City Savannah State GA Zip Code 31402 Purpose of Disbursement Contribution Candidate Name Rep. Jack Kingston Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16079274 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 01</p>	<p>Transaction ID: 16079284 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) King For Congress</p> <p>Mailing Address 532 First Ave Suite 312 P.O. Box 576</p> <p>City Council Bluffs State IA Zip Code 51458</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Steve A. King</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 05</p>	<p>Transaction ID: 16079286 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Joe Donnelly For Congress</p> <p>Mailing Address PO Box 1961</p> <p>City South Bend State IN Zip Code 46634</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Joseph Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 02</p>	<p>Transaction ID: 16079288 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Guthrie For Congress Mailing Address PO Box 9639 City Bowling Green State KY Zip Code 42102 Purpose of Disbursement Contribution Candidate Name Rep. Brett Guthrie Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16079298 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Paul Hodes For Congress Mailing Address 26 South Main Street, #253 City Concord State NH Zip Code 03301 Purpose of Disbursement Contribution Candidate Name Rep. Paul W. Hodes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16079305 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Courtney For Congress Mailing Address 38 Risley Road City Vernon State CT Zip Code 06066 Purpose of Disbursement Contribution Candidate Name Rep. Joseph D. Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16079307 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Issa For Congress</p> <p>Mailing Address P O Box 760</p> <p>City Vista State CA Zip Code 92085</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Darrell E. Issa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16079322</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Rodney Alexander For Congress Inc.</p> <p>Mailing Address 319 Nancy'S Road 319 Nancy Road</p> <p>City Quitman State LA Zip Code 71268</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Rodney Alexander</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16079329</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee</p> <p>Mailing Address PO Box 260</p> <p>City Newtonville State MA Zip Code 02460</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16079330</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Tierney For Congress	Transaction ID: 16079331 Date of Disbursement 10 / 28 / 2008
	Mailing Address 49 Federal Street	Amount of Each Disbursement this Period 2000.00
	City Salem State MA Zip Code 01970	
	Purpose of Disbursement Contribution Candidate Name Rep. John F. Tierney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Goode For Congress	Transaction ID: 16079332 Date of Disbursement 10 / 28 / 2008
	Mailing Address 235 South Main Street	Amount of Each Disbursement this Period 1000.00
	City Rocky Mount State VA Zip Code 24151	
	Purpose of Disbursement Contribution Candidate Name Mr. Virgil Goode Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Rob Wittman For Congress	Transaction ID: 16079333 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 999	Amount of Each Disbursement this Period 2000.00
	City Montross State VA Zip Code 22520	
	Purpose of Disbursement Contribution Candidate Name Mr. Robert Wittman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Cleaver For Congress</p> <p>Mailing Address 4801 Main Street, Suite 1000</p> <p>City Kansas City State MO Zip Code 64112</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Emanuel Cleaver, II</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16079334</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Knollenberg For Congress Committee</p> <p>Mailing Address 416 E. Sibley</p> <p>City Howell State MI Zip Code 48843</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Joseph Knollenberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16079335</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Baird For Congress</p> <p>Mailing Address PO Box 5016</p> <p>City Vancouver State WA Zip Code 98668</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Brian Baird</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16079336</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Inslee For Congress	Transaction ID: 16079337 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 33027	Amount of Each Disbursement this Period 2000.00
	City Seattle State WA Zip Code 98133	
	Purpose of Disbursement Contribution Candidate Name Rep. Jay Inslee Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Our Future Political Action Committee	Transaction ID: 16079338 Date of Disbursement 10 / 29 / 2008
	Mailing Address 1155 21st Street NW Suite 300	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement 2008 Contribution Candidate Name Our Future Political Action Committee Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2008 Contribution

C.	Full Name (Last, First, Middle Initial) Jim Risch For U S Senate Committee	Transaction ID: 16079339 Date of Disbursement 10 / 29 / 2008
	Mailing Address 407 W Jefferson Street	Amount of Each Disbursement this Period 5000.00
	City Boise State ID Zip Code 83702	
	Purpose of Disbursement Contribution Candidate Name Jim Risch For U S Senate Committee Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	9500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Simpson For Congress</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael K. Simpson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ID District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16079340</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Henry E. Brown Jr. For Congress</p> <p>Mailing Address P. O. Box 61886</p> <p>City North Charleston State SC Zip Code 29419</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Henry E. Brown, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16079341</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee</p> <p>Mailing Address Post Office Box 2145</p> <p>City West Columbia State SC Zip Code 29171</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Joe Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16079342</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Sherman For Congress</p> <p>Mailing Address 555 So.Flower St. Suite 4210</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Brad Sherman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16079343 Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Brown For Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. Charles Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16079344 Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Minnick For Congress</p> <p>Mailing Address P O Box 306</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Walt Minnick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16079345 Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Carnahan In Congress

Mailing Address 7370 Manchester Rd Ste 20

City State Zip Code
St. Louis MO 63143

Purpose of Disbursement
Contribution

Candidate Name
Rep. Russ Carnahan

Office Sought: House
 Senate
 President
State: MO District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 16079346
Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Stupak For Congress

Mailing Address 817 Ninth Avenue P.O. Box 156
PO Box 143

City State Zip Code
Menominee MI 49858

Purpose of Disbursement
Void of 9/08 check

Candidate Name
Rep. Bart Stupak

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 16079384
Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

-800.00

Void of 9/08 check

C.

Full Name (Last, First, Middle Initial)
Hoosiers For Hill

Mailing Address PO Box 1071

City State Zip Code
Seymour IN 47274

Purpose of Disbursement
Void of 6/08 check

Candidate Name
Rep. Baron Hill

Office Sought: House
 Senate
 President
State: IN District: 09

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 16079385
Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

-2000.00

Void of 6/08 check

SUBTOTAL of Disbursements This Page (optional) ▶

-1800.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Wolverine PAC	Transaction ID: 16079386 Date of Disbursement 10 / 31 / 2008
	Mailing Address 607 - 14th Street, NW Suite 800	Amount of Each Disbursement this Period -1000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Void of 7/08 check	011 Category/ Type
	Candidate Name Wolverine PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void of 7/08 check
	State: District:	

B.	Full Name (Last, First, Middle Initial) Citizens For Harkin	Transaction ID: 16079389 Date of Disbursement 10 / 28 / 2008
	Mailing Address P O Box 811	Amount of Each Disbursement this Period -1000.00
	City Des Moines State IA Zip Code 50304	
	Purpose of Disbursement Void of 9/08 check	011 Category/ Type
	Candidate Name Sen. Tom Harkin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void of 9/08 check
	State: IA District:	

C.	Full Name (Last, First, Middle Initial) Progressive Voters of America PAC	Transaction ID: 16079391 Date of Disbursement 10 / 31 / 2008
	Mailing Address PO Box 852	Amount of Each Disbursement this Period -1000.00
	City Burlington State VT Zip Code 05402	
	Purpose of Disbursement Void of 9/08 check	011 Category/ Type
	Candidate Name Progressive Voters of America PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void of 9/08 check
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	-3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Crowley For Congress</p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16080566 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mike McMahon For Congress</p> <p>Mailing Address 66 Arnold Street</p> <p>City Staten Island State NY Zip Code 10301</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael E. McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16081070 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Crowley For Congress</p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16081082 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressional Campaign</p> <p>Mailing Address 1519 Washington Street Second Floor, Suite 200</p> <p>City Laredo State TX Zip Code 78042</p> <p>Purpose of Disbursement Void of 2/08 check</p> <p>Candidate Name Rep. Henry Cuellar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16081100 Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void of 2/08 check</p>
<p>B. Full Name (Last, First, Middle Initial) Castor For Congress</p> <p>Mailing Address 301 W. Platt Street #385</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Void of 3/08 check</p> <p>Candidate Name Rep. Katherine Castor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16081102 Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void of 3/08 check</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Weiner</p> <p>Mailing Address 1 Ascan Avenue #31 Suite 31</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Void of 4/08 check</p> <p>Candidate Name Rep. Anthony D. Weiner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16081104 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void of 4/08 check</p>

SUBTOTAL of Disbursements This Page (optional)	-3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee	Transaction ID: 16081106 Date of Disbursement 10 / 30 / 2008
	Mailing Address PO Box 777	Amount of Each Disbursement this Period -1000.00
	City Deer Park State NY Zip Code 11729	
	Purpose of Disbursement Void of 7/08 check	011 Category/ Type
	Candidate Name Rep. Steve J. Israel	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void of 7/08 check

B.	Full Name (Last, First, Middle Initial) Meeks For Congress	Transaction ID: 16081107 Date of Disbursement 10 / 30 / 2008
	Mailing Address 153-01 Jamaica Avenue Suite 535	Amount of Each Disbursement this Period -2000.00
	City Jamaica State NY Zip Code 11432	
	Purpose of Disbursement Void of 7/08 check	011 Category/ Type
	Candidate Name Rep. Gregory W. Meeks	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void of 7/08 check

C.	Full Name (Last, First, Middle Initial) Born Fighting PAC	Transaction ID: 16140538 Date of Disbursement 11 / 17 / 2008
	Mailing Address 607 - 14th Street, NW Suite 800	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 2008 Contribution	011 Category/ Type
	Candidate Name Born Fighting PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2008 Contribution

SUBTOTAL of Disbursements This Page (optional)	-500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Chris Dodd</p> <p>Mailing Address PO Box 270701</p> <p>City West Hartford State CT Zip Code 06127</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Sen. Christopher J. Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16140539 Date of Disbursement: 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Hagan Senate Committee Inc</p> <p>Mailing Address PO Box 29103</p> <p>City Greensboro State NC Zip Code 27429</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Kay Hagan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Debt Re</p>	<p>Transaction ID: 16140543 Date of Disbursement: 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Dave Reichert</p> <p>Mailing Address P. O. Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. David George Reichert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Debt Re</p>	<p>Transaction ID: 16140553 Date of Disbursement: 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Schauer For Congress	Transaction ID: 16140554 Date of Disbursement 11 / 17 / 2008
	Mailing Address PO Box 100	Amount of Each Disbursement this Period 2000.00
	City Battle Creek State MI Zip Code 49016	
	Purpose of Disbursement Contribution Candidate Name Rep. Mark H. Schauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Debt Re	Contribution

B.	Full Name (Last, First, Middle Initial) Peters For Congress	Transaction ID: 16140555 Date of Disbursement 11 / 17 / 2008
	Mailing Address PO Box 226	Amount of Each Disbursement this Period 2000.00
	City Bloomfield Hills State MI Zip Code 48303	
	Purpose of Disbursement Contribution Candidate Name Rep. Gary C. Peters Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Friends Of Chris Dodd	Transaction ID: 16140557 Date of Disbursement 11 / 17 / 2008
	Mailing Address PO Box 270701	Amount of Each Disbursement this Period 2000.00
	City West Hartford State CT Zip Code 06127	
	Purpose of Disbursement 2010 Contribution Candidate Name Sen. Christopher J. Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Chambliss For Senate		Transaction ID: 16140569	
	Mailing Address Post Office Box 12469		Date of Disbursement 11 / 06 / 2008	
	City Atlanta	State GA	Zip Code 30355	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution		011	Contribution
	Candidate Name Sen. Saxby Chambliss		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2008		
	State: GA	District:		

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

TOTAL This Period (last page this line number only) ►

118200.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Stevens, Reed, Curcio and Potholm</p> <p>Mailing Address 201 North Union Street Suite 200</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Shipping Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16081084 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 631.58</p> <p>003 Category/ Type</p> <p>Shipping</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Ste. 001</p> <p>City Chicago State IL Zip Code 60679</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16105794 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 4.50</p> <p>001 Category/ Type</p> <p>Merchant Fees</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Ste. 001</p> <p>City Chicago State IL Zip Code 60679</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16105795 Date of Disbursement 11 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 43.81</p> <p>001 Category/ Type</p> <p>Merchant Fees</p>

SUBTOTAL of Disbursements This Page (optional) ▶

679.89

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Merchant Bankcard</p> <p>Mailing Address 1601 Elm Street</p> <p>City Dallas State TX Zip Code 75201</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16105796</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 80.23</p> <p>001 Category/ Type</p> <p>Merchant Fees</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Merchant Bankcard</p> <p>Mailing Address 1601 Elm Street</p> <p>City Dallas State TX Zip Code 75201</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16105797</p> <p>Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 256.67</p> <p>001 Category/ Type</p> <p>Merchant Fees</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Citibank, F.S.B.</p> <p>Mailing Address 1400 G Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16105801</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 62.12</p> <p>001 Category/ Type</p> <p>Bank Fee</p>

SUBTOTAL of Disbursements This Page (optional) ▶

399.02

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 226 / 233

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Transaction ID: 16105804 Date of Disbursement																					
	Mailing Address 1400 G Street, NW			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y																
1	1	/	1	8	/	2	0	0	8																
	City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period																					
	Purpose of Disbursement Bank Fee			<table border="1"> <tr> <td colspan="10">96.53</td> </tr> </table>			96.53																		
96.53																									
	Candidate Name			<table border="1"> <tr> <td>001</td> </tr> </table>			001																		
001																									
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Bank Fee																					
	State:	District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	96.53
TOTAL This Period (last page this line number only)	▶	1175.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Mary Ann Hewston

Mailing Address 10501 State Hwy 285

City State Zip Code
Conneaut Lake PA 16316

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 16151615
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER C C00106146
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Multi Media Services Corporation

Mailing Address
915 King Street
2nd Floor

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Radio Advertising & Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Mr. Phil English

Calendar Year-To-Date Per Election for Office Sought	35000.00
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Amount
35000.00

Transaction ID: 16151922

Office Sought: House State: PA
 Senate District: 21
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
Issue Advocacy & Image Advertising

Mailing Address
300 North Lee Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Radio Advertising & Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Mark Udall

Calendar Year-To-Date Per Election for Office Sought	133740.00
---	-----------

Date
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Amount
133740.00

Transaction ID: 16058961

Office Sought: House State: CO
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	168740.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER C C00106146
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Stevens, Reed, Curcio and Potholm

Date
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Mailing Address
201 North Union Street
Suite 200

Amount
62528.00

City State Zip Code
Alexandria VA 22314

Transaction ID: 16059985
Office Sought: House State: KY
 Senate District: _____
 Presidential

Purpose of Expenditure
Radio Advertising & Production
Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
Sen. Mitch McConnell

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
62528.00

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
Issue Advocacy & Image Advertising

Date
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Mailing Address
300 North Lee Street

Amount
33374.00

City State Zip Code
Alexandria VA 22314

Transaction ID: 16059989
Office Sought: House State: MO
 Senate District: 09
 Presidential

Purpose of Expenditure
Radio Advertising & Production
Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
Judith Baker

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
33374.00

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	95902.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER C C00106146
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Issue Advocacy & Image Advertising

Mailing Address
300 North Lee Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Radio Advertising & Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Jim Marshall

Calendar Year-To-Date Per Election for Office Sought	30974.00
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Amount
30974.00

Transaction ID: 16059991

Office Sought: House State: GA
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
Issue Advocacy & Image Advertising

Mailing Address
300 North Lee Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Radio Advertising & Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Mr. Donald Cazayoux

Calendar Year-To-Date Per Election for Office Sought	24590.00
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Amount
24590.00

Transaction ID: 16059992

Office Sought: House State: LA
 Senate District: 06
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	55564.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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Ms. Melinda Hatton
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER C C00106146
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Issue Advocacy & Image Advertising

Mailing Address
300 North Lee Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Radio Advertising	Category/ Type 004
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Travis Wayne Childers

Calendar Year-To-Date Per Election for Office Sought	28224.00
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Amount
28224.00

Transaction ID: 16942394

Office Sought: House State: MS
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
Multi Media Services Corporation

Mailing Address
915 King Street
2nd Floor

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Radio Advertising & Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Shelley Moore Capito

Calendar Year-To-Date Per Election for Office Sought	37500.00
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Amount
37500.00

Transaction ID: 16058727

Office Sought: House State: WV
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	65724.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER C C00106146
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Stevens, Reed, Curcio and Potholm

Date
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Mailing Address
201 North Union Street
Suite 200

Amount
42528.00

City State Zip Code
Alexandria VA 22314

Transaction ID: 16059987
Office Sought: House State: ME
 Senate District: _____
 Presidential

Purpose of Expenditure
Radio Advertising & Production
Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
Sen. Susan M. Collins

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 42528.00

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
Democracy Data and Communications

Date
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Mailing Address
P.O. Box 632303

Amount
22922.86

City State Zip Code
Baltimore MD 21263

Transaction ID: 16068817
Office Sought: House State: MO
 Senate District: 09
 Presidential

Purpose of Expenditure
Direct Mail
Category/Type 001

Name of Federal Candidate supported or Opposed by expenditure:
Judith Baker

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 56296.86

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	65450.86
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER C C00106146
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Democracy Data and Communications

Mailing Address
P.O. Box 632303

City State Zip Code
Baltimore MD 21263

Purpose of Expenditure Category/Type
Direct Mail 001

Name of Federal Candidate supported or Opposed by expenditure:
Sen. Saxby Chambliss

Calendar Year-To-Date Per Election for Office Sought
50283.33

Date
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Amount
50283.33

Transaction ID: 16068818

Office Sought: House State: GA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
Democracy Data and Communications

Mailing Address
P.O. Box 632303

City State Zip Code
Baltimore MD 21263

Purpose of Expenditure Category/Type
Direct Mail 001

Name of Federal Candidate supported or Opposed by expenditure:
Sen. Mitch McConnell

Calendar Year-To-Date Per Election for Office Sought
112811.33

Date
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Amount
50283.33

Transaction ID: 16068820

Office Sought: House State: KY
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	100566.66
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	551947.52

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9